30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly-and legibly.

MARGIN RESERVED FOR BINDING

VS A15

10,680

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

g. Diat. No. 28

1. PLACE OF DEATH: County Aune Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State Aryland County Anne Arundel City or town Pasadena (If outside city or town limits, write RURAL and give nearest town) Street No. Johnsontown Pao Box 428 (If rural, give LOCATION) 2.(a) It veteran, name war		
City or town			
Nospital, Institution, or street address where death occurred: Crownsville State Hospital How long in hospital or institution? 1 yr. 11 mos. 9 days			
3. (a) FULL NAME	LIZA) 3. (b) Social Security Number		
4. Sex female black single single	MEDICAL CERTIFICATION 20. DATE OF DEATH NOVEMBER 2 1945 29:30P M		
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 22 19.43 to Nov. 2 14.5 and thet I last saw h. er alive on November 2 19.5		
8. AGE: Years Months Days It less than one day 49 unknown ——hrs. —min.	Immediate cause of death DURATION General Paresis Known to us since		
9. Birthplace	Due to		
14. Maiden name Martha Smith 15. Birthpiace Maryland	(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant Hospital Records Address Crownsville, Maryland 17. Burial Date thereot (month) (day) (year) Cemetery or crematory Magotty Cemylogo (control of the control	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the toilowing; Accident, suicide, or homicide		
Address 9 16 Rena and Balto, Ima 19. (Date rec'd by registrar) 19. Registrar	23. SIGNATURE. M. D. or other Address rownsville, Maryland Date signed 1/2/45		

9340

Baker - Annie Elizabeth (Eliza) Anne Arundel County Admitted - July 9, 1945

Died - November 2, 1945



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Bultimore 93-7)

CERTIFICATE OF DEATH

1				20
	Reg.	Diat.	No	10

10681

CERTIFICAT	Reg. Diat. No.
City or town (If outside city or town limits, write RURAL and give nearest town) Row long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME John Zackariah Bak 4. Sex Shale While Higsives	MEDICAL CERTIFICATION 20. DATE DF DEATH SDU / 9 1945 at 3 P m
6.(6) Name of husband or write. Ama Julia Baldwin. 7. Birth date of deceased (mo., day, yr.) Man // F570	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4.5. to
8. AGE: Years Months Days It less than one day	Immediate cause of death
9. Birthplace	Due to. Levelty
12. Name Am Edwin Ladwin 13. Birthplace A. S.	Other conditions (Include pregnancy within 3 months of denth) Major findings of operations.
16. Informant Ass Address Saw Vill Alexander	Antopsy results
17	Accident, suicide, or homicide
Commetery or crematory Location Location	Where did injury occur?
18. Funeral director Hallshill July + Full Address Hallshill July -	Means of Injury Injured at work? 23 SIGNATURE Emily H. Wilson M. D.
19. Nov 21 19. 45 Carrie January Registrar	Address. Lattien lid Date signed 4/24/45

VS A15

PLEASE WRITE



2411 N. Charles St., Baltimore 93-2

10682

CEDTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No.
City or town. (If outside fity or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	Street No./9.4 (Proce Head (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Lacera Virginia . Base 4. Sex 5. Color or race 6. (a) Single married, widowed, or divorced	3. (b) Social Security Number
	MEDICAL CERTIFICATION
I widow	20. DATE OF DEATH 200 15 1945 at 49
I de Basio	
6.(b) Name of husband or wife	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Sirth date ot	and that I last saw h. & alive on 25/47 1945
deceased (mo., day, yr.) Sefet 15-1869	
8. AGE: Years Months Days It less than one day	Immediate cause of death
76 2hrsmin.	Myrentini + Myrode Some
	- Draffway Jes
9. 8irihplace (Town, county, and state)	Due to.
1D. Usual occupation. House work	allerselve Jul
1D. Usual occupation.	Due to
11. Industry or business	
12. Name Harry H. Various 13. Birthplate Ballo no	Other conditions of the state o
13. Birthplate Ballo no	W Little
14. Malden name many & Kinshall 15. Birthplace Ballings no	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthgland Ballingere, and	
1.1 11: 2000	- Date of op.
Address & Wasel, Cheen king ace	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Wysh?) Date thereof 19/45 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
Cemetery or crematory At Garages	Where did injury occur?
0 5 - 5	
Location Control Contr	Injured at home, farm, industry, public place (where?) Meens of injury Injured at work?
18. Funeral director	Meens of Injury Injured at work?
Address Company of the Company of th	A SIGNATURE THE C BULL M. D. or other
19. (Date rec'd by registrar)	Address author ses Date signed !!

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

Reg. Dist. No. 2/	
-------------------	--

CERTIFICA	ATE OF DEATH Reg. Dist. No
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants rive residence of mother) Slate County City or town (If outside ity or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
mary E. Bassford	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, of divorced with the sex of the	MEDICAL CERTIFICATION 2D. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that dealh occurred on the date above stated; that I attended deceased from 19.3 5 to 19.4 4 and that I last saw h
8. AGE: Years Months Days If less than one day	Due to.
11. Industry or business	Die to
14. Malden name Anglianosa 15. Birthplace Uniformant Place Value	Major findings of operations
Address Edgewale Date thereof (month) (dg) (year)	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemelery or crematory. Esperance Location Occurrence Location	Where did injury occur?
Address amas 15 10 much	23. SIGNATURE Lengt C Book M. D. or other Address Date signed 11 - 27 - 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOV 6 1945 RUREAU V.E. MARGIN RESERVED FOR BINDING

VS A15

The correct age

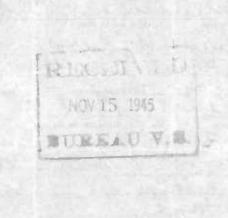
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Anna Arundel Co. City or fown Annapolis Md. (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State		
	City or town Annapolis rad. (If outside city or town limits, write RURAL and give nearest town)		
How long in ahove place of death?	(If outside city or town limits, write RURAL and give nearest town)		
hospital, institution, or street address where death occurred: 55 Spa Road	Street No. 55 Spa Road (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
William Herbert booth	wone		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male colored Married	20. DATE DE DEATH. 19/1 19/1 M		
6.(b) Name of husband or wife Amanda Booth	21. I CERTIEN that death occurred on the date above stated; that I attended deceased from		
	57 1 / 4 1 19 to 10 / 9 / 4 19		
7. Birth date of 3.5 3.000 years	and that I last saw h. a. alive on MM 19 44 19		
7. Birth date of deceased (mo., day, yr.) Hay 15, 1890	Immediate cause of death		
8. AGE: Years Months Days If less than one day	III I I I I I I I I I I I I I I I I I		
55hrsmin.	The state of the s		
9. Birthplace Calvert Co. Maryland			
(Town, county, and state)	Due to		
10. Usual occupation	July July July		
None	Due to.		
11. Industry of business	Dif 4 3		
12. Name William Booth 33. Birthplaco Calvert Co. Md.	Other conditions		
	(luclude pregnancy within 3 months of death)		
14. Malden name Rachel Gardiner 15. Birthplace Calvert Co. Maryland			
15 Rithblace Calvert Co. Maryland	Major fiadiugs of operations.		
	Date of op.		
18. Informant Mrs Amanda Booth	Autopsy results		
Address 55 Spa road Annapolis and.			
	22. VIOLENCE: If death was due to external causes, fill in the following;		
Date Ingredi	Accident, suicide, or homicide		
Comptory or cromatory Brew HILL Cemetery	Where did injury occur?		
West St. Extd. Annapolis Md.	injured at home, farm, industry, public place (where?)		
18. Funeral director Mrs Charles E. Hicks	Means of Injury Injured at work?		
18. Funeral director	al Control (11 don a UM		
19. Nov. 23 19 45 Pullar (Date rec'd by registrar) (Date rec'd by registrar)	Address		

NOV. 24 1945



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			CERTIF	ICA I	E OF DEA	In	Reg. Dist. No	
1. PLACE OF DEATH: Anne Arundel				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			7	
City or town. (If outside city or town limits, write RURAL and give nearest town)						ty Anne Aru		
			URAL and give nearest to		City or town	sadena .	R. H. D. write RURAL and give ne	arest town)
Nospital, institution, or si	reet address where d	eath occurred	•				wood Road	
How long in hospital or li	nstitution?				2.(a) If veteran, name v	war		
3. (a) FULL NAME							3. (b) Social Security	Number
		Ber	tha N. Brei	ghner	c ·		214-22-	7133
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorce	d		MEDICAL CE	RTIFICATION	
Female	white	10	arried		2D. DATE DF DEATH	Novembe	er 1 19 45	_at.10.40B
C (b) Name of hyphond on	Fr Fr	ancis	A Breight	ner	21. I CERTIFY that deat	b occurred on the date above	ve stated; that I attended deci	eased from
6.(0) name of nusuand of	#115	6.6) If alive give are 18	veare	act	E 3/1 19.4	J. 5, 10. 73	19. 4.
7. Birth date of	May	8.	e) If alive, give age	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1 3/	
deceased (mo., day, yr.	Months	Days	If less than one day		Immediate canse of de	ath OTB		. DURATION
22	5	22	hrs	min.		Addi Dani		***
9. Birthplace			lel County		Due to			***
	(Town, c	county, and	itate)		***************************************		************************************	*** ***********************************
1D. Usual occupation					Due to		101000001111111111111111111111111111111	•••••••
11. Industry or business		Home					***************************************	
型 12. Name 13. Birthplace			rall					
				Md	(Incl	ade pregnancy within 3 m	nonths of death)	
14. Malden name					Major findings of open	rations	***************************************	
	Glen E						Date of op	
16. Informant	rs. Oliv	rer S.	Duvall		Autopsy results	* * * . * . * . * . * . * . * . * . * .	nich death should be charged	I statistically
Address	asadena,	Md.	R. F. D.					a statisticatly.
17Bur (Burial, cremation,	ial	Date ther	eof Nov. 4, (month) (day) (1945		ath was due to external cau	Date of	
(Burial, cremation,	or removai. Which?)	Chan	(month) (day) (year)				
Cemetery or crematory				************			(Connty)	
			Co. Md.			industry, public place (wh	here?)Injured at work?	******************
18. Funeral director	70mas (0)	, Du	ig atons!		Means of injury	0	() .	

VS A15

PLEASE WRITE PLAINLY, is especially

Address

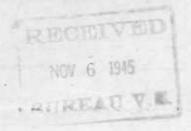
19. (Date rec'd by registrar)

Glen Burnie

The correct age

UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly.

WITH UNF



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9100

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Coucity. City or town. (If outside city or town limits, write RURAL and give nearest town) How long io above place of death? Mospital, institution, or streat address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If ontside city or favor limits/ write RURAL and give neargest town) Streol No. (If rural, give LOCATION) 2.(d) If veteran, name war
Broach John Cozi	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, martird, widowed, or divorced 8. (b) Namo of husband or wife 7. Birth dato ot deceased (mo., day, yr.) 8. AGE: Years Months Bays It less than one day 10. Usual occupation. 11. Industry or business 12. Name 13. Birthplace 14. Malden name 15. 9!rthplace 16. Informant Address 17. Cemetery or crematory. Location 18. Funoral director.	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attanded deceased from 19. 10. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
Address Costofolia 19. 45. 19. Maul 130 19. 45. (Date rec'd by registrar)	SIGNATURE Start a Barthel St (MC) USNR M. D. or other Meress Maryland signed 11/11/4.

SHOULD DESCRIPT

the following that the water the least of the latter than the least of the least of

RECHARDI " WV 14 1945 BURKAU V. S.

The Statement of Colonial Colonial



MARYLAND STATE DEPARTMENT OF HEALTH correct age 2411 N. Charles St., Baltimore (MI) CERTIFICATE OF DEATH Reg. Dist. No.. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County Arunde (If outside city or town limits, write RURAL and give nearest town) information carefully of death clearly and (If outside sity on town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?.. 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race MEDICAL CERTIFICATION Jo causes 21. I CERTIFY, that death occurred on the date above stated: that f attended deceased from 19 45 to Marketly 6 .6.(c) If alive, give ageyears 7. Birth date of deceased (mo., day, yr.) Supply If less than one day 8. AGE: (Town, county, and state) 10. Usual occupation. 11. Industry or business enson marsland 13. Birthplace mportant (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace 14. Maiden name. Major findings of operatious..... especially PLAINLY PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... (month) (day) (year) (Burial, cremation, or removal, Which?) Where did lojury occur? WRITE Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury

M. D. or other

VS A15

RECEIV D

NOV14 1945

BURKAUV M.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 85

CERTIFICATE OF DEATH

Reg. Dist. No...

	10-11		
1. PLACE OF DEATH: County Anne Arundel County City or town Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 year, 11 days Hospital, Institution, or street address where death occurred: Crownsville State Hospital How long in hospital or institution? 1 year, 11 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County City or town Baltimore City (If outside city or town limits, write RURAL and give nearest town) Sireet No. 1313 Madison Avenue (If rural, give LOCATION) 2.(a) It veteran, name war.		
3.(a) FULL NAME BROWN - VIOLA	3.(b) Social Security Number unknown		
female black separated	MEDICAL CERTIFICATION 20. DATE OF DEATHNOVEMBER 14		
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 3 19 44, to Nov. 14 1945 and that I last saw her alive on November 14 1945		
8. AGE: Years Months Days It less than one day unknown	Status Epilepticus Known to us since		
9. Birthplace Virginia (Town, county, and state) 10. Usual occupation Housework 11. Industry or business	Due to. 11/1/2/45		
Spencer Brown 12. Name Spencer Brown 13. Birthplaca Virginia	Other conditions Schizophrenia Known to		
14. Malden name Lena Person 15. Birthplace Virginia	(Include pregnancy within 8 months of death) Us since 11/3/44 Major findings of operations. Date of op.		
16. Informant Hospital Records Address Crownsville, Maryland	Autopsy results		
17. Buried (Burial, cremation, or removal. Which?) Cemetery or crematory. Pleasant Shade	Accident, suicide, or homicide		
Location NewPort News, Virginia 18. Funeral director Van P. Gilmore Address NewPort News, Virginia 19. 15 2 4 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Injured at home, farm, Industry, public place (where?) Meens of injury Injured at work? 23. SIGNATURE M. D. or other		

NOV 19 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bio

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Ann Arundel		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	nits, write RURAL and give nearest town)	State County Ann Arundel City or town Annapolis (If outside city or town limits, write RURAL and give nearest town) Street Mo. 833 Spa. Road (If rural, give LOCATION)	
How long in hospital or institution?		2.(a) If veteran, name war	
3. (a) FULL NAME		3. (b) Social Security Number	
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Wale Colored	Vidower	20. DATE DF DEATH	
7. Birth date of	A.Brown 6.(c) It alive, give age years 7. 186 I	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. Feb. 2. 19. Feb. 3. 10. 10. 10. 10. 19. 4. and that I last saw h. 44. alive on	
8. AGE: Years Months 6	Days It less than one day hrsmin.	Immediate Discos of death. Duration	
13. Birthplace	r	Due to Africa Selections Due to Africa Selections Other conditions (Include pregnancy within 3 months of death)	
14. Maiden name Elizabe		Major findings of operations	
	.Brown 1 St. Annapolis, Md.	Antopsy results	
Burial (Burial, cremation, or removal, Which?)	Date thereof (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide	
Cemetery or crematory Anna Anna	oolis,Md.	Where did injury occur?	
18. Funeral director	*	Means of Injury Injured at work?	
19. Nov. 13 19. (Date rec'd by registrar)	1	A. SIGHATURE M. D. or other M. D. or other Date signed (1/1/2	



\$ 198°

2411 N. Charles St., Baltimore 1000

CERTIFICATE OF DEATH

10692

Reg. Dist. No.

1. PLACE OF DEATH: 74			2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
county Anne Arundel				State Maryland county Baltimore City		
City or fown. Ft Goo G Meade Md. (If outside city or town limits, write RURAL and give nearest town)		******				
How long in above place of death? afew_hours			(If outside city or town limi	City or town. Religious City or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:			streef No. 5315 Liberty He:		***********	
Rock Avenue near Bldg 230				(If rural, give LOCATION)		
						
3. (a) FULL NA	AME			3. (b) Social Securit	y Number	
	oyd M. Bunt:			unknown		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
Male	White	Married	20. DATE OF DEATH. 8 November	194	5, af4:4.5p.	
6 (h) Name of hush	and or wife Gert	ude R. Bunting	21. I CERTIFY that death occurred on the date at	ove stated; that I attended de	ceased 3/20/C	
7. Birth date of	Contombe		and that I last saw h.imalive			
8. AGE: Y	lay, yr.)Septembe	16,1888	Immediate cause of death head in			
0. 1104.			fractured ribs with p	nuncture	immediate	
	57 1.	23 hrs.	01 10153			
9. Birthplace			Due to Having been struc	ck by a	****	
				motor vehicle immedi		
			Due to			
ar I	iness B & O Ra				*****	
		ing	Other conditions None		****	
13. Birthplace	Virginia		(Include pregnancy within 3	months of double		
14. Malden name. Martha Mentitor Parker		Major findings of operations				
N 15. Birthnlace	North Car	rol i na	Major findings of operations			
				Autopsy results. None		
		Bunting	PHYSICIAN. Please underline the cause to w	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
		Heights Ave, Balto., M	1) 77 VIIII ENCE: It neath was nile to external ca	uses, till in the tollowing:		
17 Buria	1	Date thereof Nov 12 45 (month) (day) (year	Accident suicide or hamicide accide	Accident, suicide, or homicide		
			Where did injury occur? Ft Geo. G.			
Cemetery or crematory Woodlawn Cemetary				Where did injury occur? F. t G.co Meade Md Md (State)		
		nore, Md.		Injured at home, tarm, Industry, public place (where?) .Military Post		
1B. Funeral directo	D. Willis	Iamoreabl	Means of Injury Struck by moto	I Injured at work?	ies	
Address 451	O Liberty H	eights Ave, Balto.,Md	· Our Man	Shows	C. Mu	
10-00	. 41-	7+ heale V.S. Regi	23. SIGNATURE LANGE LANGE	M, I		
(Date rec'd by	y registrar)	Regi	strar Address Pt Geo G Meade,	Md Date signe	11 Nov45	

UNFADING INK. Supply every item of information carefully. The correct age ant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNF is especially important. VS A15



Reg. Dist. No.

2. USUAL RESIDENCE (HOME) OF DECEASED: (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION DURATION (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:

injured at home, farma ledustry, public place (where?)

talured at work?

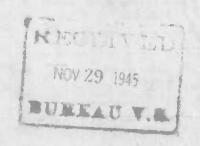
DEC 4 1945

10694

CERTIFICATE OF DEATH

2411 N. Cha	rles St., Baltimore 30
CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Anne Arundel County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhoru infants give residence of mother) Slate
4. Sex male 5. Color or race black 5.(a)Single, married, widowed, or divorced single	MEDICAL CERTIFICATION 20. DATE OF DEATH. November 27 19.45 at 9:55 A
6.(b) Name of husband or wife	and the I last saw h
9. 8Irlhplace Washington, D. C. (Town, county, and state) 10. Usual occupation none 11. Industry or business	Due to
Joseph Garvy 12. Name. Joseph Garvy 13. Birthplace Washington, D. C. He will be seen to be seen	Other conditions
14. Maiden name real 1 B. Butler 15. Birthplace Maryland (?) 16. Informani Hospital Records Address Crownsville, Maryland	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Buried Nov. 29, 1945	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
18. Funeral director. W. C. Mattingly Sons Address Leonardtown, Maryland 19. / Maryland	23. SIGNATURE Maryland 11/27/45

VS A15



2411 N. Charles St., Baltimore Bio

M. D. or other

.. Date signed 11/27/45

	CERTIFICATE	OF DEATH
DIACE OF DEATH.	1 2 1	TOTTAL DECEMBRACE

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Usine Urunde	(For newborn infants give residence of mother)
City or town(If outside city or ywn limits, write RURAL and give near	State Mary Cand County CL C.
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Emergency Hospt.	Street No.
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Pichard H.	Padle 3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single, married, widowed, or	divorced MEDICAL CERTIFICATION
Male White Married	
1 10 0	2D. DATE OF DEATH. 77 - 26 19.45 at
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	Jears 4 C
deceased (mo., day. yr.) Sept 30 - 1864	Immediate cause of death Coronary violes mis DURATION
8. AGE: Years Months Days tiless than one day	1/2 /2 /2
81 1 26hrs.	min.
C. C. MA	and the broken the country country country
Birthplace (Town, county, and state)	Due to and die lane 2042.
D. Usual occupation of et Carpentor	27.
	Due to
1. Industry or business	
12. Name Cadle	Dther conditions lynn myself mustate
12. Name John Cadle 13. Birthplace Q Q G My.	waning referetion + whileframp wenning 10 day
14. Malden name Mukenerou	(Include pregnancy within 8 months of death)
Or E	Major Endings of operations
15. Birthplace	Date of op.
18. Informant Sarah C. Cadle	Autopsy results
Address & Apewater GG G 24	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(19 agrant de 6 19	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (da	Accident, suicide, or homicide
Olanda Pash	ay) (Jean)
Cemetery or cremator	Where did injury occur? (City or town) (County) (State)
Location Jallemore III.	Injured at home, farm, Industry, public place (where?)
July MI Jailon	Means of Injury Injured at work?
18. Funeral director	0
Address / Comapion Md	23 SIGNATINE S-Borns in che Mist
1. 0	23 SIGNATURE 0 - CO MYS IL COL

23. SIGNATURE.

Address....

Registrar

amepalis

Fren

VS A15

n. 2 g (Date rec'd by registrar)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

EDTIFICATE OF DEATH

10696

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Glulecome	State County -
(If outside city or town limits, write RURAL und give nearest town)	City on town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Nospital, Institution, or street address where death occurred:	
10 f - 4 th ave - 8 le.	Street No
How long in hospital or institution?	2.(a) It veteran, name war.
3, (a) FULL NAME	
Solowor James	Cathey 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Mace W. married	20. DATE OF DEATH. 900. 10 19.45, ot 67
6.(6) Name of husband or wife And that V. Cashing	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 52 years	Was a
7. Birth date of deceased (mo., day, yr.) Sucas 22 - 1885	and that I last saw h alive on 19 74
8. AGE: Years Months Days It less than one day	Immediate cause of death
60 5 18 min.	Carlin- Vascula Disroce 1 yr
9. Sirthplace. Sact (Town, county, and state)	Due to
10. Usual occupation.	Due to.
11. Industry or business 7 Leach Rept. (Sulle)	O. Y
12. Name Solomor Caskey 13. Birthplace Solomor Soltion	Other conditions Cartering Selection 187
14. Maiden name Online Woods 15. Birthplace Bocking	(Include pregnancy within 8 months of death)
E A . V	Major findings of operations
≥ 15. Birthplace	
16. Informani Mrs. agaile Cashey	Autopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address dains	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Bural Date thereof MoV/2/1945	
(Burial, cremation, or removal. Which) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location Brooklyn mel	Injured at home, tarm, Industry, poblic place (where?)
18. Funeral director Mm & Trickener of ones	Means of Injury Injured at work?
Address Balto Md.	Plan 1 Base O mis
110 15 0 012/11	23. SIGNATURE. M. D. or other
19. (Date rec'd by registrar) 19. 4.3 (C.) Registrar	1 1 11 14 14

The correct age egibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and the

FOR BINDING

MARGIN RESERVED

VS A15

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Anne A	rundel Co.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lofacts give residence of mother)	
County.	3	State Maryland County A.A. Co.	
City or town	mits, write RURAL and give nearest town)	Annanolis	***********
How long in above place of death?	ears	City or town	
	death occurred:	5 Galvert Street	
5 Calvert Court		Street No	•••••
Hew long in hospital or institution?	``````````````````````	2.(a) it veteran, name war.	
3. (a) FULL NAME		3.(b) Social Security Number	
Dora C	1 ank	213-16-4620	
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
7 .7 0.7	Manual and	1	10
Female Col.	Married	20. DATE OF DEATH	1
6.(6) Name of husband or wife	ge melvin Clark	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
			}
7. Birth date of	6.(c) It alive, give ageyears	and that I last saw hallye on	j
	0, 1914	Immediate cause of death.	ATION
8. AGE: Years Months	Days If less than one day	01 10	to .
310 I	1hrsmin.	Contino (Stotolena Ki	asc
Annapolis Md	- A - A - CO -		Z
9. Birthplace(Town	county, and state)	Due to.	
Domesti	.C	y why your	100
1D. Usual occupation		Due to	? .
11. Industry or business None			
Joseph John	son	Other conditions	
Joseph John 12. Name Joseph John 13. Birthplace Annapolis			
	Johnson	(Include pregnancy within 3 months of death)	
도		Major findings of operations	************
15. Birthplace Annapol	is Md.	Date of op	
Cooper Helit	n Clark	Aotopsy results.	
10. Italulment		PHYSICIAN: Please coderline the cause to which death should be charged statistically.	
	urt Annapolis Md.	22. VIOLENCE: It death was due to external causes, till in the following;	
17 Burial	Date thereot. 11/15 / 45		
(Burial, cremation, or removal, Which?)	(month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematoryBrew	Hill Cemetery	Where did injury occur?	
Mest St. extd	•	Injured at home, tarm, Industry, public place (where?)	
Mrs Char	los E III II	Means of Injury tplured at work?	
	les E. Hicks	10.	
Address 45 North	west Sto A nnapolis Md.	B. SIGNATURE & Clever 1 worses	
mar 14 45	- Maria	M. D. or other	100
(Date rec'd by registrar)	Registrat	Address Acce apoles de Date signed	-/4

Registrar Auross Luc apo

NOV 15 1945 TURBAU V. E.

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 30-0

16698

	9	

1. PLACE OF DEAT	TH:	10 / 2011	ndol	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County		ie Aru	000704000000000000000000000000000000000		75	
City or town	oida altu an taga	essup	S. Maryland URAL and give nearest town)	state Maryland county Allegany		
ttem form in above place of	doctha Sent	tember	14, 1945	City or town Cumberland (if outside city or town limits, write RURAL and give ne		
Hospital, institution, or st	reet address where	death occurred	• • • • • • • • • • • • • • • • • • •	street No. 146 Wineow St		
Maryland F	louse of	Corr	ection Hosp.	Street No. (If rural, give LOCATION)		
How long in hospital or in	stitution? fro	m ll/	3/ to 11/5/45	2.(a) If veteran, name war. NO.		
3. (a) FULL NAME				3. (b) Social Security		
	COLEMAN					
	5. Color or race		, married, widowed, or divorced	MEDICAL CERTIFICATION		
M	C		Single	20. DATE OF DEATH November 5th, 19 45	.5 45 9.	
		-				
6.(6) Name of husband or				21. I CERTIFY that death occurred on the date above stated: that I attended dec 11/3/45 to 11/5/		
) If alive, give ageyears	11/3/45 19 10 11/5/		
7. Birth date of deceased (mo., day, yr.)	Octobe	er 31s	t. 1906		19	
8. AGE: Years	Months	Days	If less than one day		. DURATION	
39	0	5		respiration.	12 Tre	

9. Birthplace	lumberla	and, M	dtate)	Due to Cerebro-spinal syphilis	unknown	
	Mor	county, and s	tate)			
10. Usuat occupation		le		Due to With vascular thrombosis,		
1f. Industry or business				cerebral	48 hrs	
12. Name	Ur	ıknown	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Other conditions		
12. Name						
	TTV	alem atten		(Include pregnancy within 8 months of death)	**	
14. Malden name	UJ	TRATIONALI	***************************************	Major findings of operations No operations		
≥ 15. Birthplace				Date of on.		
16. Informant Md.	House	of Co	rection	Autopsy results. Not done		
A		8	1	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
Address Yess	seps 1	oma	0 10 10 111	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Williams	1/	Date there	of Nov. 19, 1945 (month) (day) (year)	Accident, sulcide, or homicide		
(Burial, cremation, o	V Far.	LIM	(month) (day) (year)			
Cemetery or crematory. O New York The Company of th				Where did injury occur?	(State)	
Location	yesse	Lb X	nou.	Injured at home, farm, industry, public place (where?)		
en County III	Chy 1	2119	Philad	Means of injury Injured at work?		
1B. Funeral director	0 /	الماسكان المالي الم	h. //	00 10	40	
Address	yes	sup,	Ma. D	23. SIGNATURE Day STORAK	LD-	
" non 19	· KIL	- 111	Jana Hastuk	M. D.	or other	
(Date rec'd by regis	trar)		Registrar	Address Jessups, Maryland Date signed	11/5/45	

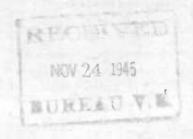
VS A15

PLEASE WRITE

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The easis especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

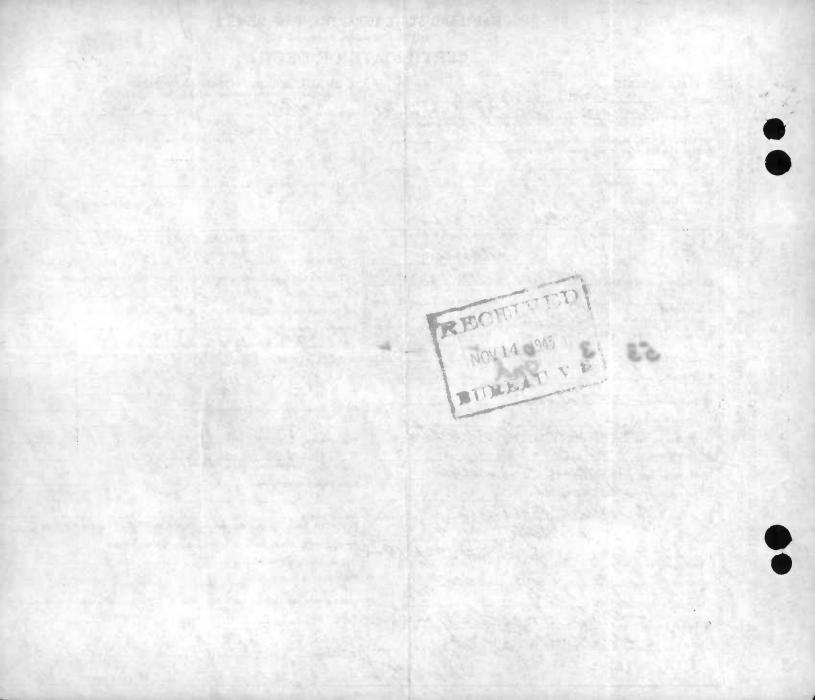
2411 N. Charles St., Baltimore /3-

CERTIFICATE OF DEATH

1. PLACE OF DEA' County Anne	TH: Arundel			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
Crow	vnsville	Mar	vland	State Maryland Coun	Howard	
(If ou	tside city or town I	imits, write I	yland WRAL and give nearest town) MOS, 25 days		[.]	***************************************
How long in above place o	f death? I ye	ar, 8	mos, 25 days	City or town	write RURAL and give	nearest town)
Hospitat, Institution, or s				Street No.	` .	
			spital 8 mos, 25 days	(If rura) give I	OCATION)	
	nstitution?	CG.L.	o mos, 23 days	2.(a) If veteran, name war	***************************************	<i>K</i>
3. (a) FULL NAME					3. (b) Social Securi	ity Number
	COLEMAN				unkno	own
	5. Color or race		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
female	black	si	ngle	2D. DATE OF DEATH November 19	. 1.4	5 .7 · 30 P.
1						
6,(b) Name of husband or	wife		•••••••••••••••••••••••••••••••••••••••	21. I CERTIFY that death occurred on the date above February 24 19.4	stated; that I attended d	1 Q 1.5
7. Birth date of		6.(c) If allve, give ageyears	and that I last saw h. e.r. alive on Nov.	ombon 10	
deceased (mo., day, yr.)	1926					
8. AGE: Years	Months	Days	If less than one day	Immediate cance of death		Known to
19	unkn	own	hrs. min.			
9. Birthplace	Janus Jand				•••••	6/19/44
9. Birthplace	(Town,	county, and	state)	Due to		
1D. Usual occupation	Studen	t			***************************************	
11. Industry or business				Due to		
	Jacob C	ol ema	n	Dther conditions Schizophreni	Α	Known to
E	Virgini	.u	44			******
	Sarah M			(Include pregnancy within 3 me	onths of death)	ws since
14. Malden name	******************	••••••	***************************************	Major findings of nperations		Feb.1944
15. Birthplace	Marylan			Major Hadings of aperations.	Date of on	
16. Informant	Hospita	1 Rec	ords	Antonsy results.		****
	Cnowngu	1110	Maryland	PHYSICIAN: Please nuderline the cause to which	ch death should be charg	red statistically.
Address				22. VIOLENCE: If death was due to external cause	es. fill in the following:	
17. Buried Bate thereof Nov. 23, 1945 (Burial, cremation, or removal. Which?)				Accident, suicide, or homicide		
(Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory. Gilford Baptist Cemetery						
			Where did injury occur?(City or town)			
Location COL	esville,	Howa	rd County	Injured at home, farm, industry, public place (whe	- 1	
18. Funeral director	C. Whi	te Co	••••••••••	Means of Injury	Injured at work?	
Address Laure			0 0	XXXII.	thin to	100
Address Dod U.I.	or a mary	7	100	23. SIGNATURE		D. or other
19. 11 23/43	19	Jua	Westingten Ragistrar	Address Crownsville, Mar	vland	.11/19/15
Date mec'd by regis	SEPRE		I Kagistrar	Address T CTILLY 4 T T T G ALLUE	In which we have close	an / / / / -



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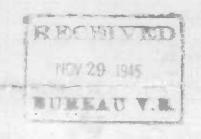
Known to

us since

Crownsville, Maryland

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Anne Arundel County (For newborn infants give residence of mother) Anne Arundel Maryland Churchton (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred:Crownsville State Hospital (If rural, give LOCATION) How long in hospital or institution? 1 year, 7 months, 13 days information of death cle 3. (a) FULL NAME 3. (b) Social Security Number COOK - MARIE BROWN (McCall) 5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sex female MEDICAL CERTIFICATION black married BINDING 20. DATE OF DEATH November 23 19.45 at 1:55P M unknown 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wife. 19 44 Nov. 23 April 10 .6.(c) It alive, give age unk . years and thet I last saw heralive on November 23 19.45. 7. Birih date ot December 14, 1904 deceased (mo., day, yr.) General Paresis Months Years It less than one day 8. AGE: ARGIN RESERVED 40 11 Churchton, Anne Arundel Co., Md. (Towu, county, and state) Housework 18. Usual occupation. 11. Industry or business Benjamin Brown 12. Name...... 13. Birthplace Churchton, Maryland (Include pregnancy within 3 months of death) Grace Gross 14. Malden na 15. Birthplace 14. Malden name. Major findings of operations Churchton, Maryland Hospital Records 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. PLAINL Crownsville. Maryland Address 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Buried Date thereof Nov. 27, 1945 (month) (day) (year) (Buriai, cremation, or removal, Which?) Accident, suicide, or homicide.... Churchton Cemetery Where did injury occur? WRITE (City or town) (County) Churchton, Maryland Injured at home, farm, Industry, public place (where?) Means of Injury 18. Funeral director. T. A. Hardesty & Son Address Galesville, Maryland

(Date rec'd hy registrar)



WRITE

PLEASE

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

Anne Arundel

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10702

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Reg. Diat. No.

City or town. Crownsville, Maryland (If outside city or town limits, write RORAL and give nearest town) How long in above place of death? 15 yrs, 6 mos, 5 days Hospital, inslitution, or street address where death occurred: Crownsville State Hospital How long in hospital or institution? 15 yrs, 6 mos, 5 days	State Maryland County Baltimore City or town Unknown (If outside city or town limits, write RURAL and give nearest town) Street No. Unknown (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME DOE - MARY (Della Strothe	3. (b) Social Security Number
4. Sex female 5. Color or race 6.(a) Single, married, widowed, or divorced single	MEDICAL CERTIFICATION 20. DATE OF DEATH NO. Vember 6 1945 1945 1945
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 19.30 to Nove 6 19.45 and that I last saw her alive on November 6 19.45. Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day unknown	Lung Tuberculosis Known to us since
9. Birthplace	Due to. 3/21/34 Due to. 3/21/34 Due to. 3/21/34 Other conditions Mental Deficiency Without Psychosis (Include pregnancy within 3 months of death) Major findings of operations. Date of on.
16. Informant Hospital Records Address Crownsville, Maryland 17. (Burlial, cremation, or removal. Which?) Cemetery or crematory Hospital Location 18. Funeral director Auffli Hospital Address Address Franklin State 19. (Aug.) 27. (Aug.) 27. (Aug.) 28. (Aug.) 29. (Aug.) 20. (Aug.) 2	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore /3 CERTIFICATE OF DEATH

10703

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) County Anne Arundel County State Maryland county Frederick How long in above place of death? 11 yrs. 9 mos, 15 days.
Hospital, institution, or street address where death occurred: 608 Klinehart Alley Crownsville State Hosnital (If rural, give LOCATION) How long in hospital or institution? 11 yrs, 9 mos. 15 days 3. (a) FULL NAME 3. (b) Social Security Number DORSEY - BEATRICE 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION female black separated 20. DATE OF DEATH. November 16 19.45 at 10:45 Am 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife ----January 31 1934 to Nov. 16 and thet I last saw h. er alive on November 16 19 45 7. Birth date of deceased (mo., day, yr.) May 6. 1907 Immediate cause of death..... 8. AGE: It less than one day Lung Tuberculosis Khown to 38 10 us since 9. Birthplace Maryland (Town, county, and state) Cook 10 Usual occupation 11. Industry or business Known to Abe Dorsey Diher conditions Schizophrenia us since Maryland (Include pregnancy within 3 months of death) 14. Malden na 15. Birlhplace 14. Maldan name Mary Grant 1/31/34 Major findings of operations Maryland Hospital Records 16. Informant..... PHYSICIAN: Please underline the cause to which death should be charged statistically. Address Crownsville, Maryland 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.... mpsons Shape (day) Where did injury occur?(City or town) Cemelery or crematers injured at home, farm, industry, public place (where?) ... Means of Injury 18. Funeral director Address

23. SIGNATURE

Registrar

Address Crownsville, Marybandoate signed 11/16/1

V S ALIO

WRITE

(Date rec'd by registrar)

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ADING INK. Physicians: pl

important.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

		Reg. Dist. No
1. PLACE OF DEATH: County	Street No	
Now long in hospital or institution?	2.(a) If veteran, name war	***************************************
3. (a) FULL NAME (Crans		3. (b) Social Security Number
4. Sex Shall S. Color or nee 6.(a) Single, married, widowed, or divorced Small	MEDICAL C	ertification - 29 19.45 7
6.(b) Name of husband or wife	21. I CERUFY that death occurred on the date at the same and that I last saw halive on	to 29 19.45
9. Birthplace (Town county, and state)	Pue to warmia	Beut niles
10. Usual occupation	Other conditions that	fler own
14. Maiden name Margarit a Branch	(Include pregnancy within 8	months of death)

MARGIN RESERVED FOR BINDING

ADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and

WITH UNFA

WRITE PLAINLY, is especially

A15 NS

PLEASE

18. Funeral director.

(Date ree'd by registrar)

Cemetery or crematory

23. SIGNATURE

Means of Injury

Where did Injury occur?

PHYSICIAN: Please underline the cause to which death should be charged statistically,

22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.....

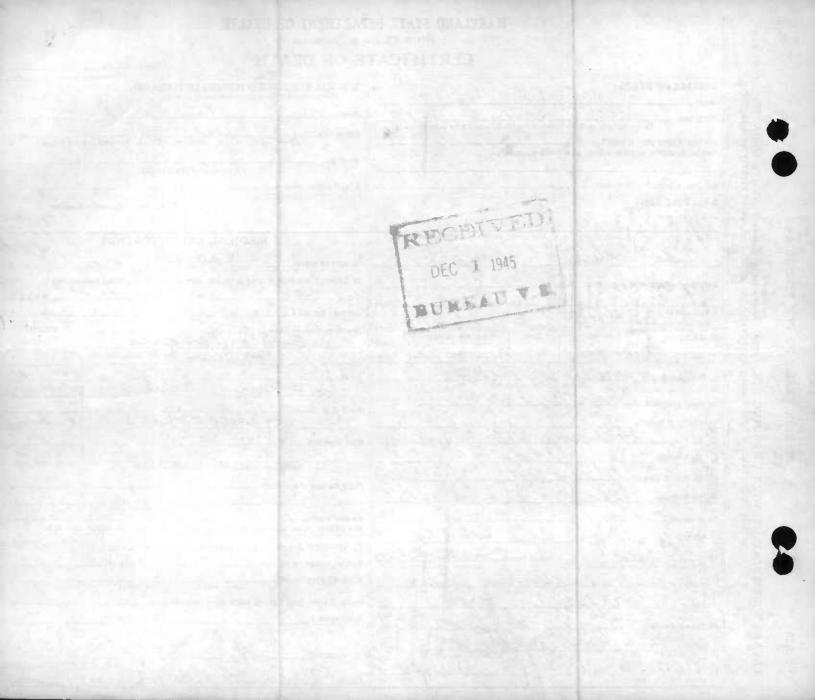
(City or town)

Injured at home, farm, industry, public place (where?)

wars M. D. or other

(State)

(County)



Mr. D. or others

E OF DEATH	1.46	Reg. Diat. No.	
2. USUAL RESIDENCE (For newborn infants g	HOME) OF I	DECEASED:	
State Aud		P (-	1
State	County		Add to the state of the state o
City or town(If outside cit	ty or town limits, w	rite RURAL and give nea	rest town)
Street No.	(If rural, give LO	CATION)	
2.(a) It veteran, name war		**********************************	
14 11		3. (b) Social Security	Number
tretto	,	213-22	-220
ME	EDICAL CER	TIFICATION	
20. DATE OF DEATH.	12-15	19.445	1/0 30
21. I CERTIFY that death occurre	ed on the date above s	tated: that I attended dece	sed from
grow	4 19.4	5 to mov	14194
and that I last saw h	ive on	5-14	19.54
Immediate canse of death	113		OURATION
12260		o- Amarin	pring.
1911		lcholuft	
ue to	the	4 ////	- Lux
		pan sol	024
Jue to			
	Dundand	20 an	2
Other conditions		***************************************	•
(Include pregr	naney within 8 men	ths of deuth)	
Major findings of operations		000000000000000000000000000000000000000	*******************
***************************************	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		
Autopsy results	the cause to which	death should be charged	statistically.
SE. VIOLENCE: It death was de			2,711
Accident, suicide, or homicide			
Where did injury occur?	(Gity er town)	(County)	(State)
injured at home, farm, industry,	public place (where	?)	
Means of Injury		Injured at work?	

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MARKET STREET, A STREET

JAN 22 1946

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Evidence for the change of age is shown on MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (85) G 99 11-29-45 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH:
County Annu Carundal 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) information carefully. The State District of Collimbia (If outside city or town limits, write RURAL and give nearest town City or town. Was also in the count limits, write RURAL and give nearest town) How long in above place of death? 13 years Hospital, Institution, or street address where death occurred: District Training School How long in hospital or Institution? 13 years 3. (a) FULL NAME 3. (b) Social Security Number Thomas Gordon 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION ry item of ithe causes. m col. single 20. OATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wife..... 19 to 7 4 7 19 7. Birth date of 1-19-22 deceased (mo., day, yr.) DURATION If less than one day 8. AGE: epilepsv 23 9. Birthplace Maryland Oue to congenital organic (Town, county, and state) hpain disease inmate 10. Usual occupation..... 11. Industry or business 12 Name Robert Gordon important. Maryland 13. Birthplace (Include pregnancy within 3 months of death) Marv 14. Malden name... Major findings of operations..... 15. Birthplace Maryland records of District Training PLAINLY, is especially

Registrar

School, Laurel, Md.

non 24-

Autopsy results D.D.T.G. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide.....

There did injury occur?(City or town) pjured at home, farm, Industry, public place (where?)

Injured at work?

... Oate signed

NS

WRITE

BINDING

ARGIN RESERVED

M. D. or other

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME GRAHAM - RHODA	3. (b) Social Security Number
4. Sex female black 6.(a) Single, married, widowed, or divorced widow	MEDICAL CERTIFICATION 20. DATE OF DEATH NOVEMber 1 19.45 , 210:45 A m
6, (b) Name of husband or wife	
8. AGE: Years Months Days If less than one day 76 unknown	Immediate cause of death Duration Chronic Lyocarditis Chown to
9. Birthplace	Due to
12. Name Unknown 13. Birthplace Unknown	Other conditions Senile Psychosis - Known to us sinc
14. Malden name Julia Edwards 15. Birthplace Virginia	(Include pregnancy within 3 months of death) Major fiadings of operations. Date of op.
18. Informant Hospital Records Address Crownsville, Maryland	Antopsy results
Address 17. Buriel (Burial, cremation, or removal. Which?) Cemetery or crematory. Location 18. Funeral director. Address 32 2 2 School School Stock Address 32 2 2 School S	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide

Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly-and legibly.

MARGIN RESERVED FOR BINDING

VS A15

19. (Date rec'd by registrar)

9477

Graham - Rhoda
Baltimore City
Admitted - September 26, 1945

Died - November 1, 1945



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310

16706

CERTIFICATE OF DEATH

27

				Reg. Dist. No	***************************************	
1. PLACE OF D		, ,		2. USUAL RESIDENCE (HOME) OF DECEASED:		
City or town	Fort Geo	rge G.	Meade, Md.			
				City or town		
	or street address where			Sireet No. 314 Laurel Avenue	erest town)	
			tal	(If rural, give LOCATION)	**************************	
New tone is becoltain	or Institution?			2.(a) If veteran, name war		
3. (a) FULL NA						
J. (a) FULL INA		J. GRA	FF (R-2386	3. (b) Social Security	Number	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White		Cinalo			
ma.1e	Wilte		Single	20. DATE DF DEATH 3 November 19. 45	9:00A	
B.(6) Name of husband or wife				21.1 CERTIFY that death occurred on the date above stated: that I attended dec 3 November 45 to 3 November and that I last saw h. i.m. allve on 3 November	eased from iber 19 45	
deceased (mo., da	y, yr.) Novemb	per 192	1882	Immediate cause of death Uremia	DURATION	
8. AGE: Ye	ears Months	Days	If tess than one day	Ammeniate Cause of Means	unknown	
62	11	23	hrs mie	1.		
9. Birthplace				Due to	***	
		רמינים			***	
E	Unkr		***************************************	Diher conditions	** ************************************	
				(Include pregnancy within 3 months of death)		
H 14. Maiden nam	Unkr	OWI		Major findings of operations. None		
14. Maiden nam	Unla	own				
	Mabel Bro	מאמ		Actopsy results. Confirmed as above		
18. Informant 314 Laurel Ave, Laurel, Md.				PHYSICIAN: Please woderline the cause to which death shoold be charged	l statistically.	
Address			1 1	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, eremation, or removal. Which?) Cemetery or crematory. All June 18 19 19 19 19 19 19 19 19 19 19 19 19 19			01 11/3/45	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide		
			eruf /forme	Where did injury occur?	(State)	
			Mel.	Injured at home, farm, industry, public place (where?)	,	
	11-	19/1	light &	Means of Injury Injured at work?	-	
18. Funeral director	Joward	, , ,				
Address 4	414 Odela	cer O	oad.	- Januar Stores		
/ Marrow	ther 15	4,0	V. talles	23. SIGNATURE SAMUEL STONE, CAPT MC M.D. Regional Hospital Ft Leade Md.	XXIXX.	
19. 4 Novem	194)	A NITZ	MOT I TOON CA Dibeletre	Regional Hospital Ft Meade Md	6 Nov 4	

BUREAU V.S.

10708

Reg. Dist. No.

(If rural, give LOCATION) (a) If veteran, name war. MEDICAL CERTIFICATION D. DATE DF DEATH 19			
County	2. USUAL RESIDENCE (HOME	OF DECEASED:	
ity or town (if outside city or town limits, write RURAL and give nearest town) itreet No	Mary Care	Causin Character !	trender
(If rural, give LOCATION) (If rural, give LoCAT	0	- County	
(If rural, give LOCATION) 2. (a) If veteran, name war. 3. (b) Social Security Number MEDICAL CERTIFICATION D. DATE DF DEATH. 19	(if outside city or town l	imits, write RURAL and give r	nearest town)
MEDICAL CERTIFICATION D. DATE DF DEATH	Street No		····
MEDICAL CERTIFICATION D. DATE DF DEATH 1. I OFR HEY that death occurrence the date above Mated; that I attended the meaning of the date above Mated; that I attended the meaning of the date above Mated; that I attended the meaning of the date above Mated; that I attended the meaning of the meaning of the date above Mated; the date above Mated at		give LOCATION)	
MEDICAL CERTIFICATION D. DATE DF DEATH 19	2.(a) If veteran, name war		
D. DATE DF DEATH		3. (b) Social Securit	y Number
1. I DERI IFY that death occurred by the date above blated; the lattender was from 19. ** Immediate cause of death	MEDICAL	CERTIFICATION	40
1. I DERI IFY that death occurred by the date above blated; the lattender was from 19. ** Immediate cause of death	D. DATE OF DEATH	ol. 8 1945	5 at 4 5
ue to (loclude pregnaccy within 3 months of death) sjor findings of operations. Date of ep. utopsy results. HYSICIAN: Please underline the cause to which death should be charged statistically. 2. VIOLENCE: It death was due to external causes, fill in the fellewing:	1. I Call tFY that death occurred on the date	allow Mated; that I attended do	soccel from
ue to (loclude pregnaccy within 3 months of death) sjor findings of operations. Date of ep. utopsy results. HYSICIAN: Please underline the cause to which death should be charged statistically. 2. VIOLENCE: It death was due to external causes, fill in the fellewing:	Postmor tem	Score in a	- Com
ue to (loclude pregnaccy within 3 months of death) sjor findings of operations. Date of ep. utopsy results. HYSICIAN: Please underline the cause to which death should be charged statistically. 2. VIOLENCE: It death was due to external causes, fill in the fellewing:	ad that I look on home water va	Nov.	B 19.4
ther conditions (Ioclude pregnaccy within 3 months of death) sjor findings of operations. Date of ep. utopsy results. HYSICIAN: Please underline the cause to which death should be charged statistically. 2. VIOLENCE: It death was due to external causes, fill in the fellowing;	mmediate cause of death		DURATION
ther conditions (Ioclude pregnaccy within 3 months of death) sjor findings of operations. Date of ep. utopsy results. HYSICIAN: Please underline the cause to which death should be charged statistically. 2. VIOLENCE: It death was due to external causes, fill in the fellowing;			
(Ioclude pregnaccy within 3 months of death) sjor findings of operations. Date of ep. utopsy results. HYSICIAN: Please underline the cause to which death should be charged statistically.	pay-aw		
(lociude pregnaocy within 3 months of death) sjor findings of operations. Date of ep. utopsy results. HYSICIAN: Please underline the cause to which death should be charged statistically.	tem Herro	rhear	
(Ioclude pregnaccy within 3 months of death) sjor findings of operations. Date of ep. utopsy results. HYSICIAN: Please underline the cause to which death should be charged statistically. 2. VIOLENCE: It death was due to external causes, fill in the fellewing;			200000000000000000000000000000000000000
(Ioclude pregnaccy within 3 months of death) sjor findings of operations. Date of ep. utopsy results. HYSICIAN: Please underline the cause to which death should be charged statistically. 2. VIOLENCE: It death was due is external causes, fill in the fellewing;	ue to		*****
(Ioclude pregnacey within 3 months of death) sjor findings of operations			****
utopsy results	ther conditiens	***************************************	****
utopsy results	(Ioclude pregnaccy within	n 8 months of death)	
utopsy results	sior findings of aperations		
utopsy results			
HYSICIAN: Please underline the cause to which death should be charged statistically. 2. VIOLENCE: It death was due to external causes, fill in the fellewing: Bate of			
ccident, suicide, or homicide. ACCLARAGE Bate of D-4.			d statistically.
here did lojury occur? Almold A.A. May 6	2. VIOLENCE: It death was due to external	causes, fill in the fellowing;	
here did lojury occur? Hamela Hoff. They a	ccident, suicide, or homicide.	Date of	7-0-4
	here did lojury occur? H 2000	(Coonty)	Mary G

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MOREAGN STATE MOARTHER OF THE A

RECULT LID

PLEASE WRITE PLAINLY, '

VS A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

10709

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEA	TH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			••••••	State Itanyland county Ann Anundel		
			RURAL and give nearest town)			
	How long in above place of death?			City or town City or town limits, write RURAL and give nearest town)		
Hospital, Institution, or	street address where	death occurre	d:	Street No. 25 Honument St.		
25 Tonu	nent St.					
How long in hospital or	Institution?			2.(a) I i veteran, name war		
3. (a) FULL NAME	Daisy	Farri	3	3. (b) Social Security Number		
4. Sex	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL CERTIFICATION		
Colored	Colored	D:	ivorced	20. DATE OF DEATH		
				21.1 CENJIFY that death occurred on the date above stated; that lattended deceased from		
				19 to 19 19 19 19 19 19 19 19 19		
7 Birth date of			(c) It alive, give ageyear	and that i (ast saw h O) alive on 19 15		
deceased (mo., day, ye	Jan. I'	272		Immediate cause of death		
8. AGE: Years	Months	Days	It less than one day	Immediate cause of death		
67	IO		hrsmls	Drone for Pursuma Tany		
Ar	napolis	, III.	A.A.60.	Bue to		
9. Birtaplace	(Town	county, and	state)			
10. Usual occupation	Don	restic	``````````````````````````````````````			
				Due to		
11. Industry or business	n Terric			13164 - Selest		
12. Name	14 (Diner conditions Wary Seletation 1400		
13. Birthplace	•			(Include pregnancy within months of death)		
E	Eliza Ci	7.63		(Include pregnancy within months of death)		
14. Malden name			······································	Major fiadings of operations.		
15. Birthplace						
to talesment	Tiem Ta	בותיר		Autopsy results.		
OF			Annapolis. Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address	Ontolent			22. VIOLENCE: It death was due to external causes, till in the tollowing:		
17 Rurial	17. Bariel, cremation, or removal, Which?) (Buriel, cremation, or removal, Which?)			Accident, evicide, or homicide		
Cemetery or crematory			(month) (day) (year)			
			,,	Where did injury occur?		
	Location			Injured at home, tarm, Industry, public place (where?)		
				Means of Injury Injured at work?		
18. Funeral director	Annanol	in in		p D D 20)		
Address		-	TOO /	23. SIGNATURE. M. D. or other		
19. Nov.	18 19 45		Registra	ar Address Wend of & Date signed 11.17.55		



he correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE

VS-A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

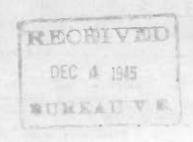
2411 N. Charles St., Baltimore 997

CERTIFICATE OF DEATH

4	10		2	/

10710

CLRITICA	Reg. Dist. No
I. PLACE OF DEATH: County Ann Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town. Wildrose Shore (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	State Maryland County Ann Arundel City or town Wildrose Shore (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Widow	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 29. 19. 45.
7. Birth date of deceased (mo., day, yr.) April T. 1868	Immediate cause of death
8. AGE: Years Months Days If less than one day	Inducative carse of design
77 28hrs	in. The myrenelities
9. Birthplace (Town, county, and state) 10. Usual occupation Domestio	Due to
11. Industry or business 12. Hame	Other conditions (Include pregnancy within 3 months of death) Major findings of operations. Oals of op.
Charles E. Harris Wildrose Shore, Md.	Autopsy results
Burial Date thereof Dac 2 1945 (Burial, cremation, or removal Which?) Cemetery or crematory. Date thereof Dac 2 1945 (month) (day) (year)	Whera did Injury occur?
Location Edgewater, Md.	Injured at home, farm, Industry, public place (where?)
J.B. Johnson	Meens of Injury Injured at work?
18. Funeral director	23. SIGNATURE MR LAWONS M. D. or other //
19. Date rec'd by registrar) (Date rec'd by registrar) Regist	3/5-16 2-1- 9.1 12/1/(/



VS A15

19/11-23 (Date rec'd by registrar)

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

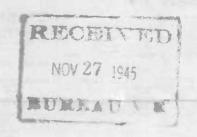
2411 N. Charles St., Baltimore

M. D. or other
11/20/45

CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH: Anne Arundel County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Prince George
City or town. Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 8 yrs, 8 mos, 17 days Hospital, institution, or street address where death occurred: Crownsville State Hospital Now long in hospital or institution? 8 yrs, 8 mos, 17 days	State County County County County County County County County or town Melwood (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
Now long in hospital or institution? 3.(a) FULL NAME	2.(a) If veteran, name war
HODGE - LOUISE	3. (b) Social Security Number
Female 5. Color or race black 5.(a) Single, married, widowed, or divorced single	MEDICAL CERTIFICATION 20. DATE OF DEATH NOVEMber 20 1945 ,11:15 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from Nov. 20 19. 45 and that I last saw h. er alive on November 30 19. 45
8. AGE: Years Months Days tf less than one day unknown	Lung Tuberculosis Known to us since
9. Birthplace	Due to
Joshua Hodge 12. Name Maryland Maryland	Psychosis with Mental Known to Deficiency Unclude pregnancy within 5 months of death) Psychosis with Mental Known to us since 3/3/37
14. Malden name Maryland Maryland	Major findings of operations
Hospital Records Address Crownsville, Maryland	Autopsy results
17. Baie thereof	22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide
18. Funeral director. Rufet Attorbatel Address	Means of Injury Injured at work?

Registrar Address Crownsville, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-6

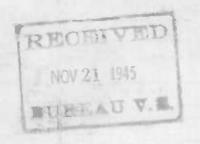


CERTIFICATE OF DEATH

10712

Reg. Dist. No.

1. PLACE OF DEATH: Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or townLaurel Marylend (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 11 yrs. Hospital, institution, or street address where death occurred: District Training School How long in hospital or institution?	State Maryland County Anne Arundel City or town Laurel, (If outside city or town limits, write RURAL and give nearest town) Street No. Laurel-Fort Meade Road (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Robert Briscoe Holmes	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male Colored Single	MEDICAL CERTIFICATION 20. Date of Death November 16, 19 45 , at 8:15 a m
6.(b) Name of husband or wife none 6.(c) If alive, give age years 7. Birth date of 20.000 (20.000)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/1/41 19 10 11/16/45 19 and that I last sew h _imalive_on11/15/45 19
10 16 1894	Immediate cause of death Carcinoma of stomach DURATION 3 yrs.
9. Birthplace Philadelphia, Pa. (Town, county, and state) 1D. Usual occupation Inmate 11. Industry or business NONE	Due to
12. Name First name unknown Holmes 13. Birthplace Unknown	Diher conditions Mental deficiency, imbecile life level, generalized arteriosclerosis traumation of the regree of this booth of the state of the conditions are the conditions of the conditions
14. Malden name Mollie Briscoe 15. Birthplace Washington, D.C.	Major findings of operations
16. Informant D.T.S. Records Address District Tr. School, Laurel, Md.	Autopsy results. NONS PHYSICIAN: Please underline the cause to which death should he charged statistically.
17. (Burial, cremation, or removal. Which?) Cemetery or crematory. Suyus Centulary.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Robert C Campbell Address 423 4th Street S.W Washington D.C.	Injured at home, farm, Industry, public place (where?) Msans of Injury Injured at work?
1922 19 19 45 M. Ocasheans (Date rec'd by registrar) (Date rec'd by registrar)	Address T. Laurel M. D. or other



De Maurens Evidence for the change MARYLAND STATE DEPARTMENT OF HEALTH ageis shown on 10713 correct age 2411 N. Charles St., Baltimore 93-0 Reg. Dist. No. 2/ CERTIFICATE OF DEATH G 99 12-6-45 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn Infants give residence of mother) County nn Amind I State County County City or town (If outside city or town limits, write RURAL and give nearest town) carefully How long in above place of death?.... Hospital, institution, or street address where death occurred: Street No. 71 Invisin St. MT Tarkin st (If rural, give LOCATION) information of death clea How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number Cliver Hopkins 6.(a) Single, married, widowed, or divorced 4. Sex 5. Color or race MEDICAL CERTIFICATION item of i Colored Tel e Married BINDING nov. 21, 1945 at 11 A.M 21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from SGAT / 4 18 45 10 2001 2/ 19.4) and that I last saw h kmin allve on my 2 19.4) Supply eve 7. Cirth date of Ten. I7, I877 FOR deceased (mo., day, yr.) DURATION Immediate cause of death..... tt less than one day Years Months Days 8. AGE: RESERVED 68 9. Birthplace Total (Town, county, and state) ADING INK.
Physicians: F 10. Usual occupation.... MARGIN 11. Industry or business WITH UNF! [making by me for amucaly totallah (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace 14. Malden name..... Major findings of operations..... ______Date of op. PLAINLY, vis especially ligg Tonking PHYSICIAN: Please underline the cause to which death should be charged statistically. 71 Terins St. innerolis, Id. Address 22. VIOLENCE: It death was due to external causes, till in the tollowing: Date thereot (month) (day) (year) (Burial, cremation, or removal. Which?) Where did injury ocsur?(City or town) WRITE (County) Annapolis, Md. Injured at home, farm, Industry, public place (where?) Injured at work? Meens of injury 1B. Funeral director Address 23. SIONATURE SZ Date signed 1/1/2 Registrar

NOV 24 1945

CERTIFICATE OF DEATH Reg. Dist. No. ... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give reaidence of mother) IRNA carefully. (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: Chappe Wayah (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 7. Birth date of deceased (mo., day, yr.) DURATION 8. AGE: Years It less than one day 11. Industry or business important. 13. Birthpiace (Include pregnancy within 8 months of death) 14. Maiden na t5. Birthplace Major findings of operations ... PLAINLY, V PHYStCIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide..... Where did injury occur? (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? Address 23. SIGNATURE M. D. or otl

Registrar

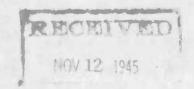
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



HEALTH 10715

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County of Mark Co
How long in hospitat or institution?	
3. (a) FULL NAME Baby Blanche C. Jacob	3. (b) Social Security Number
4. Sex 5. Color or the G.(a) Single, married, widowed, or divorced Temale Unite Infant B.(b) Name of husband or wife	20. DATE OF DETAIL OF THE DETA
7. Sirth date of years	and that I last saw he a alive on Mor 17-45
deceased (mo., day, yr.) Oct. 9, 1945	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Inmediate of deal of the state
A A min.	Mario II rencho men
9. Birthpiace	Due to Just seen by me only 15 Descriptions Ho medication gray
13. Birthplace Arlungton Va. 14. Maiden name Garde U. Millard 15. Birthplace Arrunton a.	Major findings of operation Major findings of operation Bate of op.
18. Informant Adaptitual Address 17. Burnal Bale thereof Art 19.1945 (Burlal, cremation, or removal, Which?) Bale thereof Month Aday (year)	Autopsy Tesults PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the toltowing; Accident, suicide, or homicide
Cometery or crematory Then Hayright	Where did injury occur? (City or town) (Stato)
18. Funeral director. AMA GTR MALES	Means of injury Injured at work?
19. (Determed by registrar)	23 SDM VAS



2411 N. Charles St., Baltimore 97)

10716

Reg. Diat. No. 28

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Anne Arundel County City or town. Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 7 yrs, 8 mos, 6 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Rocks		
How long in above piace of deaih? 7 yrs, 8 mos, 6 days Hospital, Institution, or street address where death occurred: Crownsville State Hospital How long in hospital or institution? 7 yrs, 8 mos, 6 days	City or fown		
	2.(a) If veleran, name war.		
JAMISON - JOHN A.	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male black married	2D. DATE OF DEATH November 25 19 45 2:15P A		
8.(b) Name of husband or wife Annie Noland Jamison, Rocks, Harford Co., Md. B.(c) if alive, give age unk. years 7. Birth date of July 4, 1861	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 19 38 10 Nov. 25 19 45 and that I last saw h		
8. AGE: Years Months Days If less than one day 21	General Arteriosclerosis Known to us since		
9. Birthplace	Due to		
11. Industry or business	Due 10		
John W. Jamison (2)	Diher conditions Senile Psychosis -		
12. Hame	Paranoid Type Known to		
14. Maiden name Katie ? 15. Birthplace Maryland Hospital Records	(Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) 3/19/38		
15. Birthplace Maryland	Date of op.		
16 Informant Hospital Records	Autopsy results.		
Address Crownsville, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Buried Date thereof No.v. 27, 1945	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Cemetery or crematory. St. James (colored)	Where did injury occur?		
Location Federal Hill, Maryland	Injured at home, farm, Industry, public place (where?)		
Martin G. Kurtz	Means of Injury Injured at work?		
Address Jarrettsville, Maryland	a contract & Spritterors		
19. 11-26- 45 E. F. Joyce Local (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other M. D. or other Laddress Crownsville, Maryland Date signed 11/25/45		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information exertilly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

IARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore 93-0

CEPTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Sophie Q. J	olusou 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorce	MEDICAL CERTIFICATION
Female White Married	2D. DATE DF DEATH NOV 4 19 4 2 P
6.(b) Name of husband or wife. Shown of husband or wife. Shown of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from Nov 4 19 19 19 19
7. Birth date of V 29 (\$ 77	and that I last saw harmalive on World 19. X
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
10 11	Offigocostitos & Myrolis
9. Birthplace Deve Hork (Town, county, and state) 10. Usual occupation.	Due to.
11. Industry or business	
불 12. Name	Other conditions
13. 8irthplace Mushow	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
14. Maiden name	major madings of operations. Date of op.
18. Informant Showas Johnson	Autopsy results.
Address Classical Mile.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burnal Date thereof Month (day) (year) (Burial, cremation, or removal, Which?)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Cemetery or crematory. At Mary	Where did injury occur?
Location (from apolito med.	Injured at home, farm, industry, public place (where?)
18. Funeral director Jolan M. Laylor o Son	Means of Injury Injured at work?
Address Commande Suppl.	Land C Bros. L
01 = 11 = 70 750	23. SIGNATURE

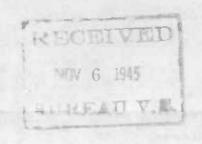
Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information earefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

19. Nou. 5 (Date rec'd by registrar)



2411 N. Charles St., Baltimore

10718

CERTIFICATE OF DEATH

			CERTIFICAT	Reg. Dist. No.		
City or town	Arundel Wnsville wnsville utside etty or two lin of death? 4 Yr street address where dille State	, Mar hits, write F B, 11 leath occurrent te Ho	mos, 6 days	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of mo state Maryland county Baltimore (lif outside city or town limits, v street No. 2212 McCulloh (If rural, give LC 2.(a) If veteran, name war.	City Write RURAL and give ner Street CATION)	arest town)
3. (a) FULL NAME	JONES - 1		ELIZABETH		3. (b) Social Security	Number
female	5. Color or race black		e, married, widowed, or divorced	MEDICAL CER 20. DATE OF DEATH. NOVEMBER 18		
6.(b) Name of husband or wite				21. I CERTIFY that death occurred on the date above December 12	ember 18	19L
8. AGE: Years	unkn		tf less than one day	General Paresis		us sin
9. 8irihplace Maryland (Town, county, and state) 10. Usual occupation Housework 11. Industry or business 12. Name Willie Richardson				Due to		Dec.19
Willie Richardson 12. Name. Willie Richardson 13. Birthplace Washington, D. C. 14. Malden name. Birdie Jones 15. Birthplace Washington, D. C.				(Include pregnancy within 8 mor		
16. Intermant	Hospital	Reco	rds	Autopsy results		
Address Crownsville, Maryland 17. Buried Date thereof No.v. 21,1945. (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory Mt. Auburn Location Baltimore City 18. Funeral director George G. Kelson Address 1303 Presstman St., Balto., Md.				22. VIOLENCE: If death was due to external causes Accident, suicide, or homicide	(County) e?) Injured at work?	(State)

Registrar Address Crownsville, Marylandoate signed 1/18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

19. // 25 (Date ree'd by registrar)

2411 N. Charles St., Baltimore 72-6)

CERTIFICATE OF DEATH

16719 Reg. Dist. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
6.(b) Name of husband or wife	20. DATE OF DEATH 19 45 at 7 M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 45 to 19 45 and that I last saw h. Ann. alive on 19 45
8. AGE: Years Months Days It less than one day O 2	Immediate cause of death Security 24 hrs. Sue to Amheritz 2)
10. Usual occupation	Due to
13. Birthplace Upper markoro - md. 14. Maiden name Mary R. mcKengie 15. Birthplace Upper markorp - md.	(Include pregnancy within 8 months of death) Major findings of operations. Date of op.
18. Informant William The Individed Address Sund Ind.	Autopsy results
(Burial, cremation, or remoyal, Which?) Bale thereof (Moort) (day) (year) Cemetery or crematory (Moort)	Accident, suicide, or homicide
Location Mulli Grantoro	Injured at home, farm, Industry, public place (where?) Means of injury Injured at work?
Address Statestrille States 19. Nov. 26 19.45 Registrar Registrar	23. SIGNATURE Coligabith Glasse Stewart M. D. or other M.D. or other M.D

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

WRITE

PLEASE



THE RESIDENCE OF THE PERSON OF

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 85

10720

CERTIFICATE OF DEATH

A A	Rog. Dist. 100.
1. PLACE OF DEATH: County MME from del	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town (If outside city or town limits, write RURAL and give nearest town)	State County of
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME and Mana Mana	sheinrich 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Timde Muty Single	20. DATE OF DEATH. Slov. 7 19.45, at 3 FA
8.(6) Name of husbaod or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
	34- 1938 to Nov. 7 19 4
7. Birth date of deceased (mo., day, yr.)	and that I last saw h alive on
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
37 9 14min.	Epilipsy 30 gm
9. Birthplace. Saltumal (Town, county, and state)	Due to
10. Usual occupation.	
11. Industry or business	Due to
12. Name 1 1000 11 11 11 11 11 11 11 11 11 11 11	Other conditions Stare
13. Birthplace Saturnotes Ag	(Include pregnancy within 8 months of death)
14. Malden name Andrew Should Make you	(Include pregnancy within 8 months of death) Major findings of operations.
15. Birthplace Salpenne place	Date of op.
16. Interment Andrew Land The Therman	Autopsy results
Address In Micum Hughe My	
17. (Burial, cremation, or removal Which?) Pate thereot (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
(Burlal, cremation, or removal Whiteh?) (month) (day) (year)	
Cemetery or crematory	Where did lojury occur?
Location Mondiawa	Injured at home, tarm, industry, public place (where?)
18. Funeral director/ Bom out Sug	Means of Injury Injured at work?
Address 1214 of Tont of	Phan L. Ball . Sund
19. Med. 18 4 Whedrich (Date rec'd by registrar)	Address Little Cum Date signed // - 7- 45

3. (b) Social Security Number

Reg. Dist. No. .. 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city on town limits, write/RURAL and give nearest town) (If rural, give LOCATION)

MEDICAL CERTIFICATION

21. I CERTIFY that death occurred/on the date above stated; that I attended deceased/rom

DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide.....

(City or town) (County)

Injured at home, farm, Industry, public place (where?)

injured at work?

Date signed ...

RECEIVED RUREAL



Causty Anne Arundel County

Hospital, Institution, or street address where death occurred: Crownsville State Hospital

Address Annapolis, Maryland

City or town Crownsville, Maryland
(If outside city or town limits, write RURAL and give nearest town) 4 days

4 days

1 PLACE OF DEATH.

How long in above place of death?...

How long to hospital or institution?

tem of i

ď

important.

LAINLY, especially

ASE WRITE

FOR BINDING

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

^	a or barrer	Reg. Dist. No.
	2. USUAL RESIDENCE (HOME (For newborn infants give residence	e of mother)
	state Maryland Baltimore	City
	(If outside city or town i	imits, write RURAL and give nearest town)

(If rural, give LOCATION)

3. (b) Social Security Number unknown

3. (a) FULL NAME McGHEE - JOSEPH 5 Color or race 6.(a) Single, married, widowed, or divorced 4. Sex black widower male 6 (b) Name of husband or wife ... 6.(c) It alive, give age years 7. Birth date of April 23, 1880 deceased (mo., day, yr.) Years if less than one day 8 AGE. 65 North Carolina 9 Rirthniace..... (Town, county, and state) Farmer 10. Usual occupation. 11. Industry or business Thomas McGhee North Carolina Mary Anne Richardson 14. Maiden name.... North Carolina E 15. Birthplace Hospital Records 16. Informant Crownsville. Maryland Address Nov. 29, 1945 Buried (month) (day) (year) (Buriai, cremation, or removal, Which?) Cemetery or crematory Brewer Hill Cemetery Anne Arundel County J. B. Johnson

MEDICAL CERTIFICATION 20. DATE OF DEATH November 23 18 45 at 1:45A 21. I CERTIFY that death occurred on the date above stated: that I ettended deceased from 19 45 to Nov. 23 November 19 November 23 Immediate cause of death DUBATION Cerebral Hemorrhage

Other conditions Psychosis with Cerebral Known to us since Arteriosclerosis (Include pregnancy within 8 months of death) Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide......

Where did injury occur? (City or town) (County)

Inlured et home, farm, Industry, public place (where?)

Injured at work? Means of injury

Crownsville, Maryland

AS



The correct age

MARGIN RESERVED FOR BINDING

VS A15

2411 N. Charles St., Baltimore 160-C

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants pive residence of mother) State
Hospital, Institution, or street address where death occurred:	
VIleharls	Street No
How long in nospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME. Galey Over Knew	3. (b) Social Security Number
4. Sex 5. Color or face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I ettended deceased from
	11 - 2 4 19 45 , 10 11 - 2 4 19 4
7. Birth date of deceased (mo., day, yr.) //os 24 - 1945	and that I last saw h. L. alive on 11-24-4 19
B. AGE: Years Months Days If less than one day	Immediate cause of death a telestasis of DURATION
hrs	nin.
9. Birthplace Juleliarly (Town, county, and state)	Due to aspiration of fecal matter 11 likes
10. Usual occupation.	Due to child was bosse /2 love
1. Industry or business	- before my arrival at ledvide
12. Name Roland W mc Knew	Other conditions was languing worth wasel
13. Birthplace Ochenton . m.	(Include pregnancy within 3 months of death)
14. Maiden name Pola a Co ma	Major findings of operatious.
E 15. Birthplace a a co mid	Date of op.
16. Informant Polasses W MC Kneed	Autopsy results
Address & Selebasts.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
11 A 1/15 at 1/15	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Belstone marginal	Where dld injury occur?
0 00 in 200	Injured at home, farm, Industry, public place (where?)
Location Mattheway Mills	Means of injury Injured at work?
18. Funeral director.	
Address Comago le from.	23. SIGNATURE Edith Rolla M.D. or other
19 Nov 26 19 45 Ward	
(Date rec'd by registrar) Registr	rar Address 42 Nate Circle Assumption Date signed 1274



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

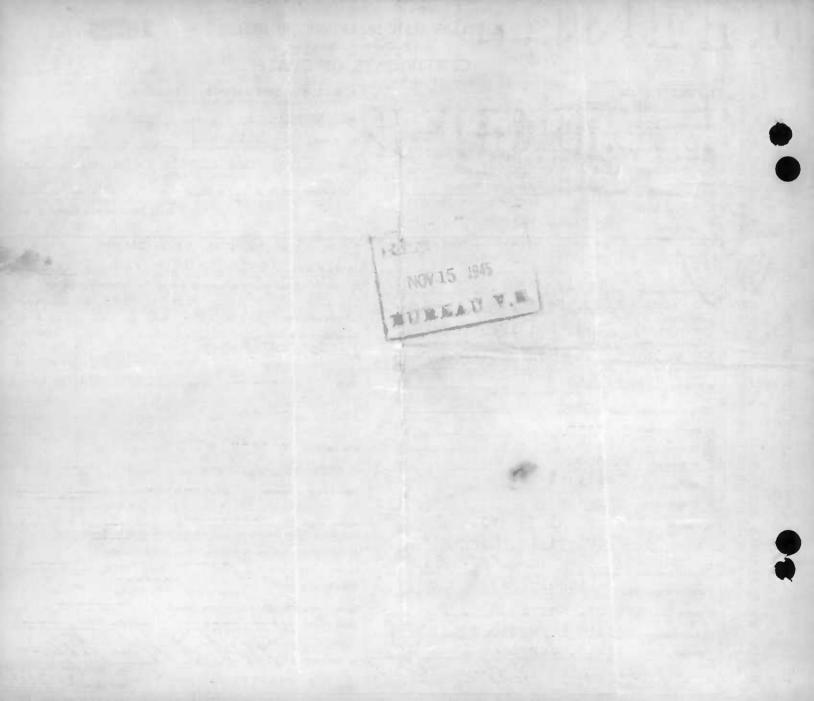
2411 N. Charles St., Baltimore 30-4

10725

CERTIFICATE OF DEATH

1 Diet No 28

1. PLACE OF DEATH: county Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Crowns. Ville. Manyland. (If outside city or town limits, write RUKAL and give nearest town)			
How long in above place of dealh? 17 days			
Hospital, Institution, or street address where death occurred: Crownsville State Hospital 17 days	Street No. 500 Grosvenor's Lane (If rural, give LOCATION)		
How long in nospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME MCROY - WALTER	3. (b) Social Security Number unknown		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male black married	20. DATE OF BEATH November 12 19 45 at N		
B.(b) Name of husband or wife. Lilly McRoy, 500 Grosvenor Lane, Bethesda live, give age unk, years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 26 19 45 to Nov • 12 1945		
7. Birth date of deceased (mo., day. yr.) June 20, 1887 (1892?)	and that I last saw h im alive on Nov . 12 19 4.5		
8. AGE: Years Months Bays It less than one day	Immediate cause of death		
53 ? 58 ? 4 22 hrs min.	General Paresis Known to		
	us since 10/26/45		
9. Birthpiace Maryland (Town, county, and state)	Due to		
10. Usual occupation Farmer			
1t. Industry or business	Due to		
	Differ conditions		
12. Name unknown 13. Birthplace unknown			
	(Include pregnancy within 3 months of death)		
14. Maiden name. Nelly ? 15. Birthplace unknown	Major findings of operations.		
16. Interment Hospital Records	Autopsy results.		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Crownsville, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:		
Buried (Burial, cremation, or removal. Which?) Bate thereo Nov. 15, 1945 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Lincoln Park	Where did injury occur?		
Location Rockville, Maryland	Injured at home, farm, Industry, public place (where?)		
	Meens of Injury Injured at work?		
18. Funeral director. Robert L. Snowden	the Key 1 XIII To		
Address Rockville, Maryland	23. SIGNATURE M. D. or other		
19 11/13. 46 Et togg horal	Crownsville Maryland11/12/45		



BINDING

ARGIN RESERVED FOR

RECKIVED

NOV 8 1945

RUREAU V.A.

10727

1	CERTIFICAT	E OF DEATH Reg. Dist. No	
1. PLACE OF DEATH: ARRE ARUNCE County	AL and give nearest town) RS EBRTH F	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	<u></u>
4. Sex 5. Color or race 6.(a) Single, m	RRIEG	MEDICAL CERTIFICATION 20. DATE OF DEATH NOV. 18	5 at 4.05 A.
	ALMER. SR.	21. I CERTIFY that death occurred on the date above stated; that I attended	deceased from
0. Add.	If less than one day hrs. min. K Co. PENNA.	Immediate cause of death. Cancer of Vertibora Due to Metatasio Lon burn	DURATION / Gr.
1D. Usual occupation		Due to	2 9-
13. Birthplace YORK PA.	ONE	Other conditions	
16. Informant Mr. Louis F. Palme Address Camp Meade Rd., Li		Autopsy results	rged statistically.
	11/21/45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)
Location Woodlawn, Md.		(City or town) (Connty) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	
Address Balto., Md. 19. (Date rec'd by registrar)	W Jelyel	23. SIGNATURE Plant. L. Bale M. Address Lintel en Date st	D. or other

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK.

every item of information carefully.

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore 44.6

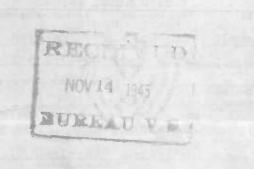
CERTIFICATE	OF	DEATH
CERTIFICATE	OI	DEATH

		2/
Reg.	Diat.	No

			CERTIFICA	Reg. Diat. No.
1. PLACE OF DE Anne	ATH: Arundel			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town(1f o	of death? Si	. mar y l limits, write i nce 190	and WRAL and give nearest town)	State Maryland County Anne Arundel City or town (If outside city or town limits, write RURAL and give nesrest town)
Rospital, Institution, or Parol	e, Maryla	death occurred	l:	Street No. Parole, Maryland (If rural, give LOCATION)
How long in hospital o	r Institution?			2.(a) If veteran, name war
3. (a) FULL NAM	e abeth Neo	mi Park	er	3. (b) Social Security Number None
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION
r emale	Col.		rried	20. DATE OF DEATH. Movember 10. 19. US at 7. 10A.
6.(b) Name of husband 7. Birth date of deceased (mo., day,	•••••	2, 1890	c) it alive, give age58yes	ars and that I last saw h. Mailve on
8. AGE: Years		Days	If less than one dayhrsm	O D D D D D D D D D D D D D D D D D D D
11. tndustry or busines	Hous	ewife ne		Due to. Due to. Differ conditions.
13. Birthplace 14. Malden name. 15. Birthplace	Mestriver Mary Emm Baltimore	Banks Banks	and Jy Land	(Include pregnancy within 3 months of death) Major findings of operations Brypsius with 1. H. H. Cappunst Major findings of operations Bajor findings of operations Bajor findings of operations and the second se
16. Informant	neso lain	.01		Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Parole, Maryland 17 Durial (Burial, cremation, or removal, Which?) Cemetery or crematory. Brewer: Hill				22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
West Street				Injured at home, farm, Industry, public place (where?)
18. Funeral director		rles E.	, Hicks	Meens of injury Injured at work?
Address 43-45 Northwest treet				AS. SIGNATURE M. D. K. CLIWALLS M. D. or other M. M. M. D. or other M. M. M. D. or other M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

	Keg, Dist. No
1. PLACE OF DEATH: Ormale	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Many Count Count State Clinical
	City or town
How long in above place ot death?	(If outside it to be limits, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME Ardelia Eugene	a Parse 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, divorced	MEDICAL CERTIFICATION
Female White Single	20. DATE OF DEATH 10 7 1945 at 3 3 9
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
	11-4 19 45 to 11-4 19 45
7. Birth date of	and that I last saw h. Mark alive on 11 - 4
deceased (mo., day, yr.)	Immediate cause of death Stelectosis DURATION
8. AGE: Years Months Days tiless than one day	allere Tree To
LQhrs	
(Innebal: ms	Due to Albertation
9. Birthplace (Town, county, and state)	Due to
10, Usual occupation	
	Due to
11. Industry or business	
12. Name Cugene Melson Varse	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Clice TE spiritu	
15. Birtholace Philas Pa	Majur findings of operations.
a and	Date of op.
16, Intermant 6 ugline 11 gise	Autupsy results
Address 99 Malas St. Ameloli M	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Beneril 21 - 64/94	22. VIOLENCE: tt death was due to external causes, till in the toilowing;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Cedar Bluff	Where did injury occur? (City or town) (County) (State)
() . dox (
Location Assurability P. C.	Injured at home, tarm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director John Haylor Son	mount of injury
Address Ulminatoli 240	6 TIT No 1 1000 1111
of a life The formal	23, SIGNATURE M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address 42 State Cicle Kunges Date signed 11-8-4
(Date rec d ny registrar) Registr	ar Address A Ale Cock Assurage Date signed



2411 N. Charles St., Baltimore

10730

CERTIFICATE OF DEATH

Reg. Dist. No.

County Classif Orundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Man Canal Count Count Usua lel					
City or town (If outside city or fown limits, write RURAL and give nearest town)	1 Conthat					
How long in above place of death?	City or town(If outside city or fown limits, write BURAL and give nearest town) Street No. 3.2.5					
How long In hospital or institution?	(If rural, give LOCATION) 2.(a) It veteran, name war					
3.(a) FULL NAME Mary Virginia	Phillips 3. (b) Social Security Number					
4. Sex 5. Color or race / 8.(a) Single, married, widowed, or divorced Fernole White White	MEDICAL CERTIFICATION					
Jomace While Marked	2D. DATE OF DEATH NOVEMBER 3 1945 at 125					
6.(b) Name of husband or wife Sames 1. The same of husband or wife Sames 1.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from					
7. Birth date of deceased (mo., day, yr.) 1. Birth date of deceased (mo., day, yr.) 1. Birth date of deceased (mo., day, yr.)	and that I last saw h & allve on November 7 19 45					
8. AGE: Years Won's Days It less than one day	Immediate cause of death DURATION 3 DURATION 3 DURATION					
62 4 39min.						
9. Birthplace	Arteral Typetrusian 40					
1D, Usual occupation	Due to.					
11. Industry or business 12. Name Ingderich Heinbrich	Dther conditions					
13. Birthplace Lernary	(Include pregnancy within 3 months of deuth)					
14. Maiden name Pullmente	Major findings ef eperatiens					
16. Informant Cornels It, Phillips	Autopsy results.					
Address 325 fuet St. Eustbort ma.	PHYSICIAN: Please underline the cause to which death should be charged statistically.					
(Burial, cremation, or removal. Which?) Date thereof. May (20/445) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide					
Cemetery or crematory Ledan Bluff	Where did injury occur?					
Location Image Dept 245	Injured at home, farm, Industry, public place (where?)					
18. Funeral director of the My Vay Cur O Nove	Means of Injury Injured at work?					
Address (Amafoli M.L.	23. SIGNATURE Dews / was					
19. Nov. 5 19 4.5 Registrar	Address Turabole's 2nd Date signed 11/4/45					

NOV 6 1945 RUREAU V. E.

VS A15

19. Mod. 14 (Date rec'd by registrar)

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-8)

10731.

CERTIFICAT	E OF DEATH Reg. Dist. No.			
1. PLACE OF DEATH: County County Annapolis Md. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death accurred: 82 Clay St. Annapolis Md. How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Annapolis —d. (If outside city or town limits, write RURAL and give nearest town) Street No. 82 Clay St. (If rural, give LOCATION)			
3. (a) FULL NAME	3. (b) Social Security Number			
Louise Finkney	219-12-3192			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Female Col. Married	20. DATE DF DEATH NY 10 19 45 at 4.50 Am			
6.(b) Name of husband or wife James rinkney 6.(c) If allve, give age 45 years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19			
9. Birthplace Lothian Md. A. A. Co. 10. Usual occupation. 11. Industry or business None	Due to. Due to. Due to.			
12. Name Unknown 13. Birthplace Unknown	Dther conditions			
14. Malden name Sallie Henson 15. Birthplace A, A. Co. Md. Annabell Johnson Address 75 Clay St Annapolis Md.	(Include pregnancy within 3 months of death) Major findings of operations. Advantly and the process of operations of the process of the proc			
Burial [Burial, cremation, or removal. Which?] Cemetery or crematory Date thereof (month) (day) (year) Cemetery or crematory Date thereof (month) (day) (year)	Accident, suicide, or homicide			
18. Funeral director Mrs Charles E. Hicks	Meens of Injury Injured at work?			
Address 45 Northwest S. An napolis and.	23. SIGNATURE M. F. Klawans M. D. or other			

NOV 15 1945

10732

CERTIFICATE OF DEATH

A DI COLOR DE PROPERT				
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town Crownsville, Maryland State Maryland County State Maryland County Baltimore City				
(If outside city or town limits, write RURAL and give nearest town) City or town Baltimore City				
How long in above place of death?				
Street No. Dallas Street				
Crownsville State Hospital (If rural, give LOCATION)				
How long in hospital or institution? 6 days 2.(a) If veteran, name war.				
3. (a) FULL NAME 3. (b) Social Security N	3. (b) Social Security Number			
PLUMMER - LOUISE unknown				
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION	MEDICAL CERTIFICATION			
female black married	6.104			
20. Date of Death November 1 19.45				
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 26 19. 45, to Nov. 1			
7. Birth date of and that I last saw h	194.2			
8. AGE: Years Months Days If less than one day Schizophrenic Exhaustion	DURATION			
38 unknown brs min Schizophrenic Exhaustion	***************************************			
11 plan anna	***************************************			
9. Birthplace Unknown (Town, county, and state)	*********************			
10. Usual occupationHousework	M 000000000000000000000000000000000000			
Due to	***************************************			
11. Industry or business	***************************************			
	Known t			
3 13. 8irthplace Virginia Hebephrenic Type (Include pregnancy within 3 months of death)	us sinc			
14. Maiden name Roddie Jigges (Include pregnancy within 3 months of death)	10/26/4			
Major findings of operations.				
14. Maiden name Roddie Jigges 15. Birthplace North Carolina 16. Informant Hospital Records (Inclinde pregnancy within 3 months of death) Major findings of operations Date of op. Antopsy results				
16. Informant Hospital Records Antopsy results.				
Address Crownsville, Maryland PHYSICIAN: Please underline the cause to which death should be charged at	tatistically.			
Buried 17 Burial, cremation, or removal, Which?) Date thereof Nov. 4, 1945 Accident, suicide, or homicide				
	(State)			
Cemetery or crematory. City or town) Connty) Location South Hill, Virginia Injured at home tarm, industry, public place (where?)				
Manage of latings through the state of t				
18. Funeral director	2 0			
Address 1129 N. Caroline St., Balto.Md.	She			
all so la	rother			
19. (Date rec'd by registrar) Registrar Address Crownsville, Marylandoate signed				

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death elements. WRITE PLEASE VS A15

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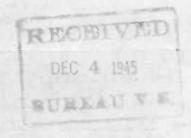


CERTIFICATE OF DEATH

.

	Nog. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infapts give residence of mother)
City or town	State Mary and County Hune Arunde
(If outside city or own limits, write RURAL and give nearest town)	City or town A Hunapolis
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	(If rural, the LOGATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Lonard B. Pophau	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or dispred	MEDICAL CERTIFICATION
wale white widgued	20. DATE-OF DEATH AND J. 91 AND 21 AN
B.(b) Name of husband or wife. Wargaret Cophace	21. CENTIFY that death occurred on the date above stated; that attended deceased from
	19 T to 19 T
7. Birth date of deceased (mo., day, yr.) Warch 18.	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
86 7 11hrs. min.	a less a later of
9. Birthplace Augralia, ma	Due to the last - turostal
In Hand compation All Mark Cl (A) C & Mag	
11. Industry or business State House. Huganous	Due to
E 12. Name Charge on Law	Contrago hateles 10800
13. Birthplace A During of olis wa	Other conditions A. O. 1600 Co. A. A. See and A. O. 1600 Co. O. A. See and Co. C.
	(Include pregnancy within 3 months of death)
14. Maiden name	Major fiadings of operations?
Mine V -1: Ven Va	Date of op.
16. Informant	Autopsy results
Address Lung gurae M. Humpolis Ma	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremstion, or remova White?) (Burial, cremstion, or remova White?)	Accident, suicide, or homicide
Cemetery or commatory	Where did injury occur? (City or town) (Genty) (State)
Location Accuapolis, Luce	Injured at home, farm, Industry, public place (where?)
18. Funeral director Jahr Lu. Tandor + Son	Meens of Injury Injured at work?
Address Augmonic une	10000 Flue Don The
(1) 20 20 US	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address Address Address Address Address

UNFADING INK. Supply every item of information carefully. The correct age ant. Physicians: please write the causes of geath Clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNF is especially important.



2411 N. Charles St., Baltimore

ŧ.	Reg.	Dist.	No.	21
			-	

				CERTIFICA	IE OF DEATH		Reg. Dist. No	d-1
1. PLACE OF DEATH: Anne Arundel Co. County				Co.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Anne Arundel			
City or town.	(If out	side city or town linder 23 yes	nits, write	RURAL and give nearest town)	State County Annapolis Neck R. F. D Box533 (If outside city or town limits, write RURAL and give nesrest town)			
An	napoli	s Neck			Street No. Annapolis Neck			
How tong In	hospital or tn	stitution?	****	*****	2.(a) if veteran, name war	(If rural, give Non	19	
3. (a) FULL NAME Joshua Price 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married							3. (b) Social Security None	Number
					MEDICAL CERTIFICATION 20. DATE OF DEATH. NOVEMBER 80. 19 4.5. at			
		wifeSu s i		ice (c) tt allve, give age	21. I CERTIFY that death occurred		ove stated; that t altended dec	eased from
7. Birth date	ot (mo., day, yr.)	Mamah	1886		and that I last saw hallve			
8. AGE:	Years 59	Months 8	Days	it loss than one dayhrsmin.	Immediate cause of death	1 1		
	C	Farm	county, and	stato)	Due to	enser		The African
11. Industry		None	rico		•			***
12. Nan 13. Birt	hplace	George Panne Aru	ndel C	0.	Other conditions			***
# 14. Mai	deo name	Unkno			(Include pregns			
14. Mai 15. Birt	hplace 1	Anne Arun)•	Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to externat causes, fill in the tollowing; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)			
16. intermac	1							
Address		nnapolis	Neck	33 /22 / 15				
17	Burial cremation, or	removal, Which?) Annapoli	Date the	reol 11 /11/ 45 (month) (day) (year) K Cemetery				
Location	Ann	apolis Ne	ck					
18. Funeral	director Mr	s Charles	E. H	icks	Means of Injury		Injured at work?	
Address	1. 5	Northwes	t-St	Annapolis Md.	3. SIGNATURE There	low to	I foun for	l
N	1	m 11.	- 11	Dearlie L	3. SIGNATURE	4	M. D	, or other

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(Date rec'd by registrar)

NOVIA 1945 BURRAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-2)

CERTIFICATE OF DEATH

-6-				21
20	Reg.	Dist.	No.	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County. Ann Arindel City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Arnold, Ital.	State County Ann Arthurstand City or town (If outside city or town limits, write RURAL and give nearest town) Street No.	
How long in hospital or institution?	2.(a) It veteran, name war.	
3.(a) FULL NAME Rosie Puller	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21.13.45. A.	
Temale Colored Married		
6.(b) Name of husband or wife. Charlie Fulley 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) August ISSO	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19	
8. AGE: Years Months Days If less than one day 65 3	Immediate cause of death DURATION DURATION	
9. Birthplace (Town, county, and state) 10. Usual occupation Donestic 11. Industry or business	Due to. Due to.	
12. Name	Other condilions	
14. Malden name. Mary Titis 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations	
16. Informant Arrold, 110.	Autopsy results	
Address 17.	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide	
18. Funeral director	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?	
no 27 45 Mary	Address. Yo Northwell M. D. or other Address. Yo Date signed 1/3 4/4 Y	

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly PLEASE VS A15

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ty or town	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
w long in hospital or tastitution?	2.(a) If veteran, name war
(a) FULL NAME	Richards . 3. (b) Social Security Number
Sex M 5. Color or race 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH 20. DATE DF DEATH
(b) Name of husband or wite	2 Dentify that death occurred on the date above stated; that the hided deceased from 19
Birth date of deceased (mo., day, yr.) 6-26-1918	and that I last saw h
AGE: Yeers Months Days If less than one dayhrsmin.	Immediat cause of dath DURATION Falure J Mg
Birthplace Anna Armsell County My	Due to
Usual occopation Many	Due to
. Industry or bosiness	
12. Name Tenson Mischards Mil	Other conditions of the condit
14. Maiden name Josepha ?	(Include pregnancy within 3 mouths of death)
15. Birthplace	Major findings ol operations.
totoman Jarena Richards	Autopsy results
Address Pasadina Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Carial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (Connty) (State)
Location Change Offgradel County Md	injured at home, farm, industry, public place (where?)
Funeral direct Villiam Quekson	Means of Injury
Address 9/6 Pensia are	as CANATURE HIGH hilles
11-4 1945 L.a. Brier	23. SIGNATURE M. D. or other

THE TAIN TO TREETE A THE TELES WHAT AND THE

Walter on Stead Turned

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NOV 6 1945

RUREAU V. & I

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2411 N. Charles St., Baltimore 97

111737

CERTIFICATE OF DEATH

Not No

				Reg. Diat. No	****************
1. PLACE OF DE County Anne	Arundel Co	ounty	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r		
City or town. (If outside city or town limits, write RURAL and give nearest town)			State Maryland Coun	aty	
low tong in shove place	e of death? 3 mc	onths. 19 days	City or town		
ospitai, Institution, o	r street address where d	leath occurred:	Street No. 1526 North C	arey Street	
Crowns	ATITE SCALE	MINS. 30 dans	(If rural, give	LOCATION)	/
low long in hospital o	or Institution?	leath occurred: Hospital onths, 19 days	(If rural, give unknown)		
B. (a) FULL NAM	saunders	- ALBERT		3. (b) Social Security unknown	Number
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
male	black	married			10.40 A
			20. DATE DF DEATH November 29		
5.(b) Name of husband	or wifeMart	ha Saunders, 1526	21. I CERTIFY that death occurred on the date about		
. Carey S	t., Baltimo	ore	August 10 194	12 to NOV . 29	194.2
7. Birih dale of	2060 0		end thet I last saw himalive onNo.v.e	mber 29	1945
deceased (mo., day,	7107	Days If less than one day	Immediate cause of death Arterioscler	2051 6	DURATION TO
8. AGE: Year 77			General Arcertoscier	0319	us since
		mrsmin.		********************************	8/10/45
9. Birthplace			Due to		
	Laborer (Town,	county, and state)		(
10. Usual occupation.			Due to		
11. Industry or busine	ss unknewn				
H 12 Name	unknown		Other conditions Senile Psychosi	S	Known to
12. Name unknown unknown				8/10/4	
置 14. Malden name unknown		(Include pregnancy within 3 m			
		Major findings of operations		4.	
15. Birthplace	unknown				
	ospital Rec	cords	Autopsy results		
Chamarilla Marrland			PHYSICIAN: Please underline the cause to wh	ich death should be charged	statistically.
			22. VIOLENCE: If death was due to external cause	ses, fill in the following;	
17. Buried	n, or removal. Which?)	Date thereof Dec. 3, 1945 (month) (day) (year)	Accident, suicide, or homicide	Date of	
		tus Cemetery	Where did injury occur?(City or town)		
					(State)
Location Baltimore County			Injured at home, farm, industry, public place (wh	- A	
4B Europal dispetar	George G	Kelson	Means of Injury	Injured at work?	
			186.	Bel F	. 0
Address 1303 Presstman St., Balto., Md.			23. SIGNATURE	my u	rec
				M. D.	or other
(Date rec'd by re	egistrar)	Registrar	Address Crownsville, Mary	Land Date signed	11/29/45

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MARYLAND STATE DEPARTMENT OF HEALTH

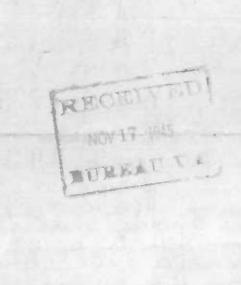
2411 N. Charles St., Baltimore (131-2)

10738

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	state Maryland country Hurs Hrusel
(If outside city or town limits, write RURAL and give nearest town)	City or town Deale
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	2.(a) If veleran, name war
3.(a) FULL NAME GLORGE M. St	23. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Siggr. married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE DE DEATH NOY 13, 1945 at 430
6.(b) Name of husband or wife Elinia U. Shir hut	21. I CERTIEY that don'th occurred on the date above stated; that I attended deceased from
	Oct 32 19.45 10 Nov 13 1945
7. Birth date of deceased (mo., day, yr.) March 27, 1843	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
82 6 17nin.	marina 48 hrs
Triange Di ADCo hid	Part of the first of
9. Birthplace (Town, coulty, and state)	Due to. The same of the same o
1D. Usual occupation.	and aring Ay het rusion theres
11. Industry or business (cuting)	+ Osterio Achronis UV3.
12. Name Shutert 13. Birthplace A A Co was	Dther conditions
14. Malden name Datherine Aturice 15. Birthplace A. A. Co. W.C.	(Include pregnancy within 8 months of death)
15. Birthplace A. A. Co. Wol	Major findings of operatious
16. Informant Murs. Loris N. Phians	Autopsy results
Address CIDDICA ALLA AULICA MAIR UND	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Ruin 10 Nin 15 DVS	22. VIOLENCE: If death was due to external causes, fill in the following;
(Bnrist, cremation, or removal Which?) Bate thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (Connty) (State)
Location Dealis Wel	Injured at home, farm, industry, public place (where?)
18. Funeral director John My Taylor & Son	Means of injury Injured at work?
Address Halimothe Links	Mol.
70	23. SIGNATURE MUDE M. D. or other
19. (Date rec'd by registrar)	Address Aunapoles Und Date signed 11/13/45
II VI	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

			2-6
Reg.	Dist.	No.	21

CLRIIIICAI	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Charles Henry Simms	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION Nov. 20 19 45 at 1 7. N
6.(b) Name of husband or wife Susie Simms 6.(c) If alive, give age years 7. Birth date of deceased (mo. day yr.) July 8. 1899	21. I CERTIP that death occurred on the date above sold; and statement of the sold of the
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Oronary Occlusion Oudden
9. Birthplace narwood ad. A. A. Co. (Town, county, and state) 10. Usual occupation. Gook 11. Industry or business None 2 ames Simms 12. Name. James niver ad.	Due to
Florence E. Molden 14. Malden name Florence E. Molden 15. Birthplace Bristol Md. A. A. Co. 16. Informant Mrs Florence E. Simms	Major findings of operations. Date of op.
Address 72 College Creek Terrace 17	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Location West St extd. Annapolis Md. 18. Funeral director. Mrs Charles E. Hicks Address 45 Northwest St Annapolis Md. 19. Nov. 23 19 45 Registrar Registrar	Injured at home, tarm, industry, public place (where?) Means of Injury Injured at work? And the start of t

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible MARGIN RESERVED FOR BINDING A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infinits give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME That Killy Simms	3. (b) Social Security Number
1. Sex 5. Color or race 6.(a) Single, married, widowed, or disorced Marcus	20. DATE OF DEATH. MEDICAL CERTIFICATION 19.45at 730 P
6.(b) Hame of husband or wife. Manual Scanding 6.(c) Halive, give age 25 7. Birth date of deceased (mo., day, yr.) Nov 26 1869	21. I CERTIFY that defth occurred on the type shows stated; that patiended deceased from 4 19.4 to 19.
8. AGE: Years Months Days It less than one day 75 // 29	Immediate cause of ceath constitution of the Market of the Constitution of the Constit
9. Birthplace (Town, county, and state) 10. Usual occupation.	Due to. Due to. Due to.
11. Industry or business 12. Name	Other conditions
14. Malden name Cather Thomas 15. Birthplace as a Co.	(Include pregnancy within 3 months of death) Major fiedings of operations
16. Informant Hullet Simple Address Docksey Md.	Autopsy results
17. Buttur Bate thereof 100 19 1946 (month) (day) (year)	Accident, euicide, or homicide
Location Aux Management Location Locati	Where did injury occur?
1B. Funeral director Me Market Co. Address Sauce Ma	Means of Injury Injured at work? Marshall Ley, Us. 1021
19. Nor 29 1945 Chara Kasly	23. SIGNATURE M. D. or other M. D. or other Address Savael Date algree 27/4.

JAN 22 1946 BUREAU V.B.

2411 N. Charles St., Baltimore 846)

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CERT	TTTO	A PERSON	OF	DE	TITLE
H KO		Δ I H.		1 3 H. A	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Anne Arundel	State Maryland County Worcester
City or town. Crownsville Maryland (If outside city or town limits, write RUKAL and give nearest town)	
How long in above place of death? 14 days	City or town Berlin (If ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Crownsville State Hospital	(If rural, give LOCATION)
How long in hospital or institution? 14 days	2.(a) It veteran, name war unknown
3. (a) FULL NAME SMACK - JOHN ALBERT	3. (b) Social Security Number unknown
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male black single	20. DATE OF DEATH. November 3 19.45
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 20 19. 45, to Nov. 3 19. 45
7. Birth date of	and thet I last saw h im alive on November 3 19 45
deceased (mo., day, yr.) 1912	Immediate cause of death
8. AGE: Years Months Days It less than one day it less than one day min.	Schizophrenic Exhaustion
8. 8 rihplace	Due to Schizophrenia Known to
(Town, connty, and state)	us since
1D. Usual occupation. Laborer	Due to 10/20/4
11. Industry or business	
Il 12. Name John Smack	Dther conditions
12. Name John Smack 13. Birthplace Maryland	
	(Include pregnancy within 3 months of death)
14. Malden name Henrietta Brittingham 15. 8irthplace Maryland	Major findings of operations.
	Date of op.
16. Informant Hospital Records	Autopsy results.
Address Crownsville, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, eremation, or removal. Which?) Date thereof. (Month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Beslin, mel	Injured at home, farm, Industry, public place (where?)
Location Restricted	Means of injury
18. Funeral director	Charles Co. O
Address Barlen, ma	23. SIGNATUR M. D. or other
19. Nov. 5 19 45 (Date ree'd by registrar) Registrar	Address Crownsville, Marylandoate signed 11/3/45
(Date ree'd hy registrar) Registrar	TI AUDITORS ALLE STREET STREET STREET AND ALLE STREET AND

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of reath clearly and

The correct age

J. B. Johnson Armafolis Inx



PLEASE.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d)

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CENTIFI	CAIL	Ur	DEATH	

CERTIFICA'	TE OF DEATH Reg. Dist. No. 2
1. PLACE OF DEATH: County Death Death: City or town (1f outside city or town/imits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County
3.(a) FULL NAME Edward D. Sn	3. (b) Social Security Number
Male White Married. 4. Sex Shoule White Married.	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 19.45 at [0.30 A.]
6.(b) Name of husband or wife Green M. P. Will. 6.(c) Malive, give age years	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Joinths Days If less than one day	and that I last eaw h
Lof 4 14min.	- Wan Jana Mary Jana - Jan -
9. Birthplace (Town, county, and state) 1D. Usual occupation Nalesman J. S. Maral	Due to mysecular in tart who.
11. Industry or business icademy Cimapolis Md. 12. Name	Diher conditions
14. Maiden name Quilingur	(Include pregnancy within 3 months of death)
16. Informant Classes M. B. Mette	Major findings of operations. Date of op
Address 31 le Fust & Easiport ma	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal, Which?) Cemetery or crematory (Color of Color of Co	Accident, suicide, or homicide
Location Consepolis Mild.	Injured at home, farm, Industry, public place (where?)
Address Comapolir Mid.	m. 7. K Kanoana mo
19. Nov. 4 19 45 Registrar	M. D. or other

RECEIV NOV 6 1945 DUREAT

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information carefully. The of death clearly and legibly

of

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important.

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WRITE

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1. PLACE OF DEATH:

How long in above place of death? 39 Hospital, Institution, or street address where death occurred

How long in hospital or institution?....

3. (a) FULL NAME

4. Sex

60 (c) If alive, give age

7. Birth date of deceased (mo., day, yr.) If less than one day

8. AGE:

11. industry or business

12. Name. 760

14. Maiden name. 15. Birthplace

(Date rec'd by registrar)

Reg. Diat. No.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants gi residence of mother)

(If ontside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)

3. (b) Social Security Number

DURATION

20. DATE OF DEATH.

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: if death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

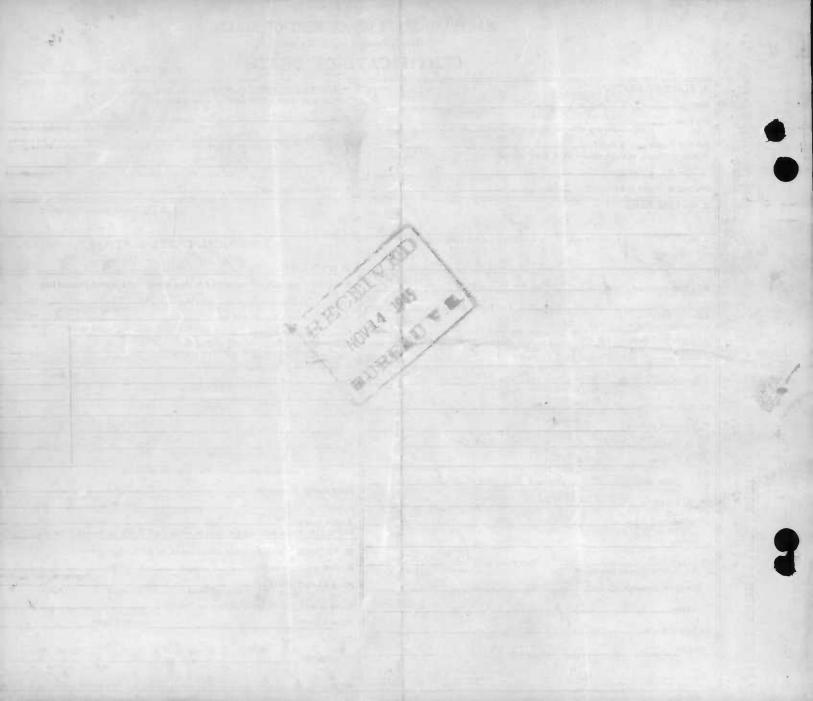
Where did Injury occur?

(City or town) (County) injured at home, farm, Industry, public place (where?)

Means of injury injured at work?

23. SIENATURE

PLEASE



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-6

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County Anne Arundel County		State Maryland County				
City or town. Crownsville Maryland (If outside city or town limits, write RURAL and give nearest town)		Raltimore (Citar			
How long in above place of death? 2 years, 11 months, 8 days		City or town(If outside city or town limits	, write RURAL and give	nearest town)		
Hospital, Institution, or	street address where d	eath occurred	:	Street No. no home		
Crowns	ville State	Hosp	ital	(If rural, give	LOCATION)	/
How long in hospital or	Institution? 2 yes	ers, L	l months, 8 days	2.(a) if veteran, name warunknow	m m	V
3. (a) FULL NAM	E				3. (b) Social Securi	ty Number
	SPENCER -	- GEORG	Æ		unkno	Wn
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
male	black	u	nknown	2D. DATE DF DEATH November 30	1945	at 8:45P M
				21. I CERTIFY that death occurred on the date about		
				December 22	42 , Nov. 30	0 19 45
7. Birth date of) If alive, give ageyears	and that I last saw h alive on Nove	ember 30	19 45
deceased (mo., day,)	_(r.) 1872 3	?		Immediate cause of death		DURATION
8. AGE: Years		Days	If less than one day	General Paresis		
73	? unknow	vn	hrsmin.			us since
	unknowr	1				12/31/42
9. Birthplace	(Town, c		tate)	Due 10		*****
1D. Usual occupation	unknown	l 	***************************************			***************************************
11. Industry or busines	, unknowr	1		Due 10		******

12. Name	unknowr	1		Dther conditions	***************************************	
	unknow	1		(Include pregnancy within 3 m	nonths of death)	•••••
14. Maiden name. 15. Birthplace	unknowr	*********		Major findings of operations.		
₹ 15. Birthplace					Date of op	
16. Informant	Hospital F	lecords	3	Autopsy results		******************************
Address	Crownsvill	e. Mar	rvland	PHYSICIAN: Please underline the cause to wh	ich death should be charg	ed statistically.
VD-	A		1 10 /	22. VIOLENCE: If death was due to external caus		
(Burial, cremation	, or removai. Which?)	Date there	(month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or cremato	Work	Felal		Where did injury occur?(City or town)		(Stata)
	Coworks	reste	**	injured at home, farm, industry, public place (wh		
Location	0 100	11-	DI	Means of injury	Injured of work?	
18. Funeral director	Mujny	1401	your	means of injury	William Work!	
Address	a How	usurl	ec -	() Drens	Hank	Trees
12-1	0 45	- 50:	Flore Par	23. SIGNATURE	M.	D. or other
19. (Date rec'd by registrar) Registrar		Address Crowns ville, Waryland Date signed 11/30/45				

DEC 13 1945 BUREAU V.E. 2411 N. Charles St., Baltimore 93-0

10745

CERTIFICA	ALE OF DEATH Reg. Dist. No2
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County a a	(For newborn infants give esidence of mother)
City or town. (If outs so city or town limits, write RURAL and give nearest town)	State. County
low long in above place of death?	City or town
Hospital, Institution, or street address where death gazurred/	16 page de As
Emergancy Hospital	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Colo Prace (6.(a) Single, married, widowed, or officed	219-01-8947
	MEDICAL CERTIFICATION
In w single	20. DATE DE OEATH 100 3 3 19.45 et 4509
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
	Jan 19 44 to 100 2 3 1944
7. Birth date of	and that I last saw h Land alive on Nov 2 2 19 Ku
deceased (mo., day, yr.)	Immediate cause of death
	My maleta cher. 4 gr
44hrsm	nin. Myrole of Sunffring 4 fin
9. Birthplace manyles	Due to //
(Town, county, and state)	Harperburne 49m
10. Usual occupation Laborec	Due to.
11. Industry or business	
12. Name alfurt. L' Wayson	Dther conditions
13. Birthplace	
	(Include pregnancy within 3 months of death)
14. Malden name. Granie Ou Carrier 15. Birthplace many	Major findings of operations.
2 15. Birthplace (Mary Co.)	Date of op.
16. Informant Allers I way 1500	Antopsy results
Address 48 maleurs of lungerer m	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 -0 10 2545	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Quilar Plaff	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
18. Funeral director 3: 2: 34 9	mwana ui injury injured at work?
Address assess age of the fraction	Ke a B. C
n . 20 115 Washing	M. D. or other
19, 100 29 18 45 WWW	Tar Address auchilia her Date signed Nos 24.1

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (742)

10746

CERTIFICAT	TE OF DEATH
City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Clay County Clay or town (If puside city or town lights, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3.(a) FULL NAME Marguerite Darrie	Rulat Weidmann 3. (b) Social Security Number
4. Sex 5. Color or race (6.(a) Single, married, wildowed, or divorced White Wildow	MEDICAL CERTIFICATION 2D. DATE OF DEATH 2D. DATE OF DEATH 2D. DATE OF DEATH 2D. DATE OF DEATH
6.(b) Name of husband or wife Martini Modernam 7. Birth date of Second	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) 8. AGE: Years 4 4 1/862 1/862	and that I last saw h alive on 2 19.5 Immediate cause of death DURATION Nov 1
9. Birthplace Dax Franco (Town, county, and state)	Due to. Depheration
1D. Usual occupation	Due to. Wheet Jakes
12. Name Lean Warrelutat 13. Birthplace Day France	Other conditions Chr. Rigniff Leuleman Team
	(Include pregnancy within 8 months of death)
14. Maiden name Have Darricau 15. Birthplace Dar France	Major findings of operations
16. Informant Miss Moveme & Haines	Autopsy results
Address Ensufuland Court County 16 15 15	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. I lever to de Circully	Where did injury occur?
Location Washing Cine	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director than My ayur tou	6 . 0 8 .0
Address Mulanous 1	23 SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Churph 34 Date signed 11-5-K)

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10747

2411 N. Charles St., Baltimore 1640)

Reg. Dist. No. 2

Ned Date signed 11-6-

County	State Count
How long in hospital or institution?	(If rural, give LOCATION)
3 (a) FILL NAME	Welch 3. (b) Social Security Number
4. Sex Finale White Married, Wowed, or divorced Married	MEDICAL CERTIFICATION about 20. DATE OF DEATH MEDICAL CERTIFICATION 1945 1945 1945
8.(b) Name of husband or wife. Storge W. Nelch 7. Birth date of Story of the story	21. I PERTEY that death occurrent on the date of the stated; that I attended decaded from the date of the state of the sta
deceased (mo., day, yr.) 1000 400 9/1	Immediate cause of death DURATION
9. Birthpiace	Due to
10. Usual occupation	Due to
12. Name Charles H. Whitlock 13. Birthplace	··· Other conditions
# 14. Maiden name Zorie Fellie	(Include pregnancy within 3 months of desth) Major findings of operations.
15. Birthplace North Carolina 16. Intermant Les W. Welch Table France	Autopsy results
17. Inwell (Burnil, cremation for removal, Which?) Cemetery or cremetory. Compared to the control of the cont	22. VIOLENCE: If death was due to external causes, fill in the tollowing: Nov. 5, 1943 Accident, suicide, or homicide
Location Michmond Va	Means of Injury Ranging by neck to injured at work?

23. SIGNATURE

Registrar

WRITE PLAINLY, v is especially PLEASE VS A15

(Date rec'd by registrar)

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NOV 7 1945 BULLAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

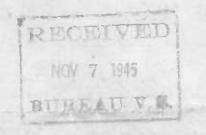
2411 N. Charles St., Baltimore (168)

CERTIFICATE OF DEATH

11748

Diet No 2/

County Ossave auguste	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Many Land County Orange Assault
City or town	
How long In above place of deaty?	City or town
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME O A C. EILEEN	3. (b) Social Security Number
Busbara Trene M	Lelele (birth cer. 3.(0) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	9-27 MEDICAL CERTIFICATION
Finale White Lindo	
I wind only	20. DATE OF DEATH. 107. 5 19.45, at 7
6.(b) Name of husband or wife	21. I Conset that death occurred on the date above tisted; that I attended deceased from
	osmorten oxamuation +
7. Birth date of	ears and that Hast say have on Moy 5 19 45
deceased (mo., day, yr.) Off 21 = 1940	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	
1 9hrs.	min. Anhly walter
and and seed	The state of the s
9. Birthplace (Town county, and state)	Due to.
10. Usual occupation	Will Alies St. Mila Gas
	Due to.
11. Industry or business	
12. Name Durge W. Welch 13. Birthplace Person. alloitles	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Alice Vuying Both	(Include pregnancy within 8 months of death)
14. Malden name Alice Vsyma 15. Birthplace Vagana	Major findings of operations.
15. Birmplace Company miles	Date of op.
16. Informant Leage 10. Ville	Antopsy results.
Address Furil Farms. a a Co Ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Remarks Ment 6 194	22. VIOLENCE: If death was due thexternal causes, till in the following:
(Burial, cremation, or emoval. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide. Romicide. Date of 127.3
Cemetery or cremetory Cakewood Cemeters.	Where did injury occur? Telling Jasus, But Hrustof, Marylan (County) (State)
Beach - 1 9/0 t	Injured at home, farm, industry, public place (where?)
Location Location	Injured at nome, faim, industry, public blace (where)
18. Funeral director Henry 4. Woods	Mesns of Injury Pulleting Color Injured at work?
Address 7 00 W. 25 lle St. Referend 2	a on Oak My reduced
The state of the s	23. SIGNATURE M. D. or other
19 /LOV. 6 19 45 11 January	10 Atriacabalia Not 11-1-11
(Date rec'd by registrar) Regist	rar Address 7 111045000 AL Date signed 6 7



10749 2411 N. Charles St., Baltimore (168)

	-	17

CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	Welch 3. (b) Social Security Number
4. Sex Fernale White Single, married, widowed, or divorced White Single 6.(a) Single, married, widowed, or divorced Single Sin	MEDICAL CERTIFICATION 2D. DATE OF DEATH 21. I SERTIFY that death occurrey on the date of the stated; that a standard declared from 21. I sertify that death occurrey on the date of the stated; that a standard declared from 22. I sertify that death occurrey on the date of the standard declared from 23. I sertify that death occurrey on the date of the standard declared from 24. I sertify that death occurrey on the date of the standard declared from 25. I sertify that death occurrey on the date of the standard declared from 26. I sertify that death occurrey on the date of the standard declared from 27. I sertify that death occurrey on the date of the standard declared from 28. I sertify that death occurrey on the date of the standard declared from 29. I sertify that death occurrey on the date of the standard declared from 29. I sertify that death occurrey on the date of the standard declared from 29. I sertify that death occurrey on the date of the standard declared from 20. I sertify that death occurrey on the date of the standard declared from 20. I sertify that death occurrey on the date of the standard declared from 20. I sertify that death occurrey on the date of the standard declared from 20. I sertify that death occurrey on the date of the standard declared from 20. I sertify that death occurrey on the date of the standard declared from 20. I sertify that death occurrey on the standard declared from the sta
14. Maiden name Clie Virginia Whitlock 15. Birthplace 16. Informant Livinge W Vicilia Address Fewy Farms Ci Co Martin (Burial, cremation, or removal, Which?) Cemetery or crematory Command	(Include pregnancy within 3 months of death) Major liadings of operations. Date of op. Autopsy results PHYSICIAN: Please underline the cause to which death shoold be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Where did injury occur? The Lagrange of County (County) (State) Injured at home, farm, industry, public place (where?) Means of injury functine Coil in term plajured at work?

23. SIGNATURE

Registrar Address...

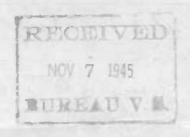
VS A15

(Date rec'd by registrar)

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of teath clearly and legibly.

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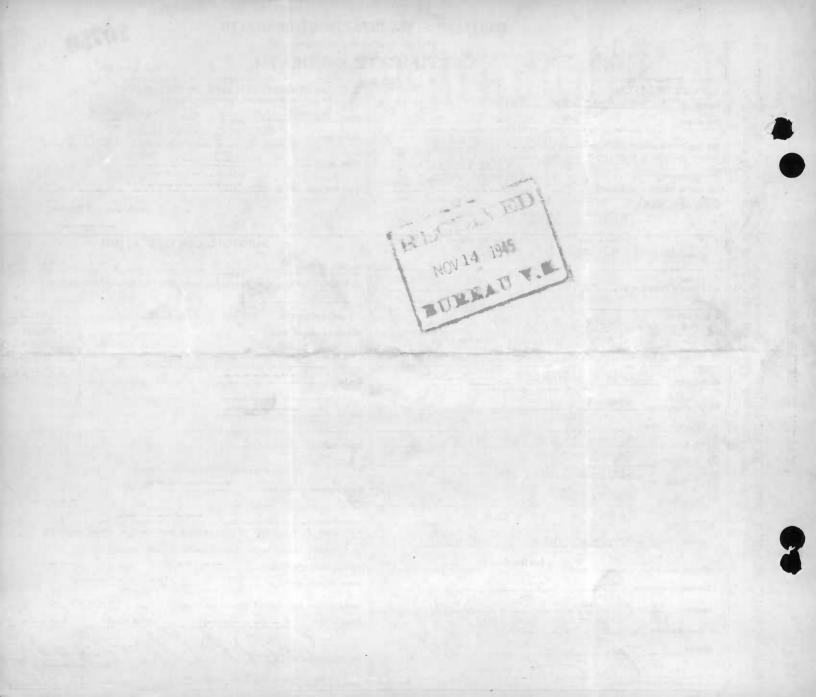
The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Anne Arundel County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Crowneville Maryland	state Maryland county Somerset	
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 7 months, 20 days	Monion Station	
How long in above place of death?	City or town	arest town)
Hospital, institution, or street address where death occurred: Crownsvible State Hospital How took to be be the state of	Street No	
now mild in noshiral of institution.	2.(a) If veteran, name war.	
3.(a) FULL NAME WHITTINGTON - OLIVIA MAE	3. (b) Social Security	Number
4. Sex Female black 6.(a)Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION	
TOMOTO OTOOS OTTOO	20. DATE DE DEATH. NO.Vember 6 19 45	10:50A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended dece March 16 19.45, to Nov.	ased from
7. Birth date of 3.000	and thet I last saw her alive on November 6	19.4.5
deceased (mo., day, yr.) March 8, 1929 8. AGE: Years Months Days 11 less than one day	Immediate canse of death	
16 7 28min.	Epilepsy	Known to
9. Birthplace Marion Station, Maryland (Town, county, and state)	Due to	3/16/45
1D. Usual occupation	Due to.	***************************************
11. industry or business	T21 - A	• • • • • • • • • • • • • • • • • • • •
E 12. Name Council Whittington 13. Birthplace Maryland	Other conditions Idiot	• • • • • • • • • • • • • • • • • • • •
Stella Lankford	(Include pregnancy within 3 months of death)	
14. Malden name Stella Lankford 15. Birthplace Maryland	Major fiadings of operations.	
Hospital Records	Date of op.	
IQ. WIOTHIGHT.	Autopsy results	statistically.
Address Crownsville, Maryland	22. VIOLENCE: It death was due to external causes, till in the following;	
(Bnrisl, cremation, or removal. Which?) (Bnrisl, cremation, or removal. Which?) (Bnrisl, cremation, or removal. Which?)	Accident, suicide, or homicide	
Cemetery or crematory Rhanch	Where did injury occur? (City or town) (Connty)	(State)
Location Marion MA	Injured at home, farm, Industry, public place (where?)	
De 1 H hard	Masans of injury injured at work?	
18. Funeral director AAA	Carlo Man	1
Address Matrion Mil.	23. SIGNATURE SELFC	or other
19. No Va S 19. 4 S Extrage Registrar Registrar	AddressCrownsville, Maryland Date signed.	



VS A15

2411 N. Charles St., Baltimore 117-0

10751

CEDTIFICATE OF DEATH

		CERTIFICA	TE OF DEATH	Reg. Dist. No
1. PLACE OF DEATH: County		Street No.	of mother) county Anne Arundel OOP its, write RURAL and give nearest town)	
How long in hospital	or Institution?		2.(a) It veteran, name war	***************************************
3. (a) FULL NAM	IE	Bertie Wilt		3. (b) Social Security Number
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL C	CERTIFICATION
female	white	marr	1	N 26, 1945 at
6.(b) Name of husband	or wife Gare	land Wilt	21. I CERTIFY that death occurred on the date a	bove stated; that I attended deceased from
7. Birth date of deceased (mo., day,	w Maga	6.(c) If alive, give ageyea	and that I last saw b	WY Z 6 19 4 3'
8. AGE: Year 52		0ays It less than one day 2 hrsmi		stamuer 2 days
9. Birthplace	A. A. Co.	Md.county, and state)	Oue to Christian C.	well on gen
		e_work	Oue to	
11. Industry or busines 12. Name		own		
	11		(Include pregnancy within 8	months of death)
14. Malden name. 15. Birthplace			Major findings of operations	
	C 3	12 MA M A		Oate of op.
16. Informant		M. Wilt	PHYSICIAN: Please underline the cause to v	
Address	Bar Har	bor, Md.		
11 Buris	al n, or removal. Which?)	0ate thereof 11/29/45 (month) (day) (year)	22. VIOLENCE: tt death was due to external ca	auses, till in the tollowing;
		(month) (day) (year) Haven		
		Highway	(City or town)	(County) (State)
	- 11 1	(1)	Injured at home, tarm, Industry, public place (niured at work?
18. Funeral director	1	Elmy, Inc.		1
Address	715 Ligh	t St.	- SIGNATURE SAME. H	Phillips
19(Date rec'd by re	28 1957 gistrar)) Telegistra		M. D. or other

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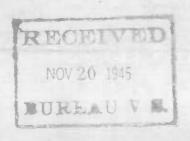
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CERTIFICATE OF DEATH

21

E		Reg. Dist. No.	***********	
o col	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give realdence of mother)		
Th	County Control and Control Con	State County Report Rep		
ly.	(If outside city or town limits, write RURAL and give nearest town)	(()	della trettind Lita	
la de	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest	town)	
carefull	Hospital, institution, or street address where death occurred:	Street No. 1417 West Street	*******************	
on carefu	How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war.		
eath c	3. (a) FULL NAME			
form r dea	Jacob Wohlgemin	3. (b) Social Security Nur	nber	
f iii	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
em of	male while married	20. DATE OF DEATH November 16 19 45 31 /213 /-		
	6.(b) Name of husband or wife Lillian Mr. Wallsenet	21. I CERTIFY That death occurred on the date above stated; I hat I attended deceased	from	
every i	6.(c) If affive, give age years	tan 12 1942, 10 Nov 16	19.45	
	7. Birth date of deceased (mo., day, yr.) June 27, 1892	11000 16	19. Y.J.	
0.	8. AGE: Years Months Days It less than one day	Immediate cause of death	DURATION	
Supj	53 5 19 hrs. min.	Сотаком Поми води		
ple	3:/ = : : = 0 1	The state of the s	July Ex	
NK 1S:	9. Birthplace (Town, county, and state)	Due to Du	vous /2	
NG INI sicians:	10. Usual occupation Checker Just Shapenson From	o Orles - O The Lettinger	4 mg	
DIN	11. Industry or business LL.S. M. Academ	Due to the things of the territory	Asveral	
'AI Pr	12. Name Jasah O. Wake Sernelle J. 13. Birthplace Lernany	Dither conditions	Mrs.	
nt.	13. Birthplace Gernany		/	
WITH UNI	14. Malden name Amadela Mr. Bolivaristication	(Include pregnancy within 3 months of death)		
WITH	14. Malden name Constitution Between States	Major findings of operations.		
y i	100 1 100 m 200 m 1		80	
LY	16. Informant	Autopsy results	stically.	
PLAINLY s especial	Address 14/1 West St. Unnapoles, Ind.	22. VIOLENCE: If death was due to external causes, fill in the following:		
Promise of the Party of the Par	(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	0.0000000000000000000000000000000000000	
E E	Cemetery or crematory. Cadaw Black	Where did injury occur?		
III		(City or town) (County) (St	tate)	
WRI	Location Model	Means of injury	***************************************	
S. 田	18. Funeral director	Cont /		
EA	Address Crapalis, Mile	23, SIGNATURE & Oliver / Wours		
PLI	10 Nov. 18 10 45 much	M. D. or ot	her	
	(Date rec'd by registrar) Registrar	Address Date signed 4	17/45	

Registrar Address Human TL



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MARYLAND STATE DEPARTMENT OF HEALTH

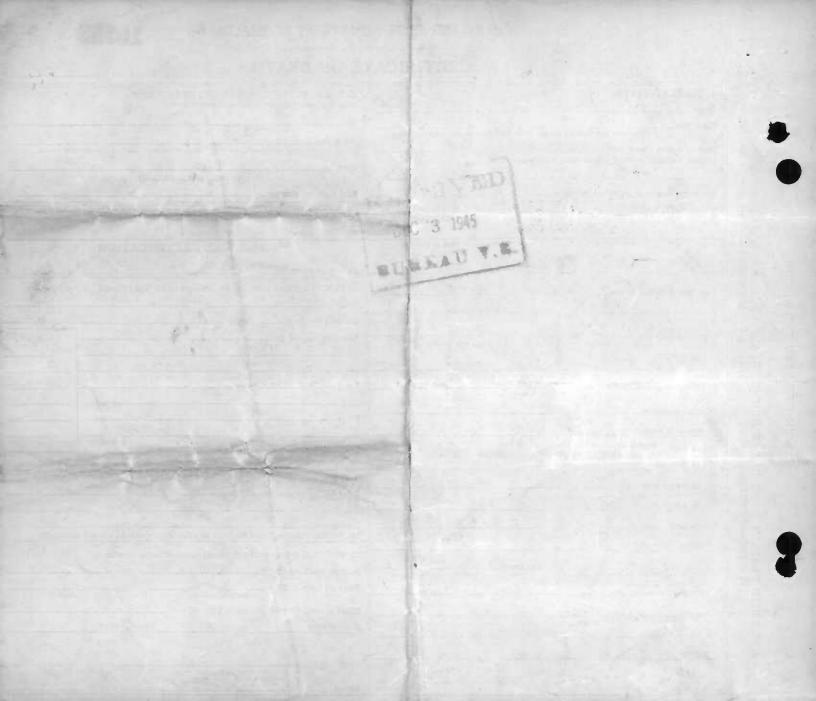
2411 N. Charles St., Baltimore

10753

CERTIFICATE OF DEATH

2.9

1. PLACE OF DEATH: Millereville 99 Co.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant, give residence of mother)
City or town	State
How long in above place of death?	Cily or town (If outside city of the total City of the
Hospital, institution, or street address where death occurred:	(If outside city of the lands with HIDA and providence tours)
Mellewille 9. G. Co med	Street No
How long in hospital or instillution?	
3.(a) FULL NAME	2.(a) If veteran, name war.
Games D. Haad	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 30
I W Wedaved	20. DATE OF DEATH OF 2 9 - 45 19 21 A.M.
6.(b) Name of husband or wife Janues W Wood	21. I CERTIEN that death occurred on the date above stated; that attended deceased from
7. Birth date of	11 -1 - 5 - 17.00
deceased (mo., day, yr.) 4 - 7 - 1874	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
7/ 6 22hrsmln.	1 / permis. Iday
9. Birthplace Calvest Co Mich (Town, county, and state)	mora / mora
10. Usual occupation	Due to
11. Industry or business	10 1-0/11
12 Name Jaseph W Norfalk	Biton Asilva Wornscence
\(\frac{1}{2}\) 13. Birthplace \(\begin{array}{c} \Calvell C \\ \Rangle \\ \R	VIIICI STRUCCIVIIA
14. Malden name mutha & Buckler 15. Birthplace Carreer Co Md	(Include pregnancy within 3 months of death)
15. Birthplace Carrel Co Md	Major findings of operations.
m, c l+	Date of on
Address Prayman Be Med	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Qurial Date thereof thec 2 1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof(month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mt Massuary	Where did injury occur?
Location Cabrell Co Mil	Injured at home, Jarp., Industry, public place (where?)
18. Funeral director Autologico + Sano.	Means of injury Injured at work?
1 R . U. A	MAL boto
Address General Mill	23. SIDNATURE
19. (Date rec'd by registrar) Registrar	M. D/or other
(Date rec o by registrar) Registrar	Address Special Space of Spac



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83

CERTIFICATE OF DEATH

eg. Dist. No. 21

10754

1. PLACE OF DEATH: County Lune Cruedel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Maryland county and annuall
	City or town (1f outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
12 mulay areme	Street No. 2 Machinely (Litherthal)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Clinabeth C. W.	a olley 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	
7	MEDICAL CERTIFICATION
temale While married	20. DATE DE DEATH 7 FV. 18 19.44 at 12 P. 1
6.(b) Name of husband or wife Searge C. Waaeley	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
	Oct. 1 1940 to ATT. 18 19 45
I. Birth date of	and that I last saw h. M. alive on 77 04. 17. 19 4.5
deceased (mo., day, yr.) & Icenheu /8, 1863 8. AGE: Years Months Days If less than one day	Immediate cause of death
8. AGE: Years Months Days If less than one day	Cerebral Thurbage 1 month
8. Birthplace annapali - a a Co. Md.	Que to.
(Town, county, and state)	Diffichen man
1D. Usual occupation.	Due to.
11. Industry or business	
12. Name Charles A Russell	
14. Malden name I wa Britishell 15. Birthplace annagalis Maceland	(Include pregnancy within 3 months of death)
To Birthaloes	Majer findings of operations.
	Date of op.
16. Intermant	Autopsy results
Address Charpali, maryland	
17 Burial Date thereof Manually 20, 184	22, VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location and Language Maryland	injured at home, farm, industry, public place (where?)
18. Funeral director Admin By Jakyllia Ed San	Means of Injury Injured at work?
Address lungalis hat	Jan 1 Bend
Was 20 45 Way Breeds	23. SIGNATURE. M. D. or other
(Date rec'd by registrar) Registrar	Address Complete MC Date signed 11-20-4

